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Apr 28 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P02446 (3)

1. Corporation Name

IBJ SCHRODER BANK & TRUST COMPANY

Principal Place of Business

Mailing Address

**ONE STATE STREET
NEW YORK NY 10004**

**ONE STATE STREET
NEW YORK NY 10004**



3. Date Incorporated or Qualified

06/18/1984

4. FEI Number

13-5375195

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BANNO, JOHN A.
200 S. BISCAYNE BLVD. SUITE 2050
MIAMI FL 33131-0371**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PCEO** ☒ DELETE
NAME **NAKATSUGAWA, NAOAKI**
STREET ADDRESS **1251 AVENUE OF THE AMERICAS**
CITY-ST-ZIP **NEW YORK NY 10020**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
***Please see attached list for update of officers and directors.**

TITLE **CD** ☐ DELETE
NAME **WAY, ALVA O.**
STREET ADDRESS **ONE STATE STREET**
CITY-ST-ZIP **NEW YORK NY 10004**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **CD** ☐ DELETE
NAME **DEBS, RICHARD A.**
STREET ADDRESS **15 HUNTZINGER DRIVE**
CITY-ST-ZIP **GREENWICH CT 06831**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE **D** ☒ DELETE
NAME **DAVIS, STEPHEN E.**
STREET ADDRESS **84 LAURA LNT.**
CITY-ST-ZIP **TIVERTON RI 02878**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE **MDGM** ☐ DELETE
NAME **SUZUKI, YUJIN**
STREET ADDRESS **1251 AVENUE OF THE AMERICAS**
CITY-ST-ZIP **NEW YORK NY 10167**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE **D** ☒ DELETE
NAME **ROMAN, KENNETH**
STREET ADDRESS **888 THIRD AVE., 26TH FLOOR**
CITY-ST-ZIP **NEW YORK NY 10022**

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Robert N. Hay, Jr.* **Robert N. Hay, Jr.**

April 7, 1998 (212) 858-2193

CR2E037 (10/97)