

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P17411 (0)**

1. Corporation Name  
**THE BRITISH LINEN BANK LIMITED (CORPORATION)**



Principal Place of Business: **C/O J.W. ROBERTSON - BRITISH LINEN BANK, 4 MELVILLE STREET, EDINBURGH, SCOTLAND**

Mailing Address: **C/O J.W. ROBERTSON - BRITISH LINEN BANK, 4 MELVILLE STREET, EDINBURGH, SCOTLAND**

21	2. Principal Place of Business	26	2a. Mailing Address
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.
23	City & State	28	City & State
24	Zip	29	Zip
25	Country	30	Country

3.	Date Incorporated or Qualified	3a.	Date of Last Report
	12/28/1987		11/09/1995
4.	FEL Number	Applied For	
	52-1503466	Not Applicable	
5.	Certificate of Status Desired	<input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees
8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>F &amp; L CORP. 200 LAURA STREET JACKSONVILLE FL 32202</b>				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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: \_\_\_\_\_ (Signature, typed or printed name of registered agent and date if applicable) (NOTE: Registered Agent signature required when terminating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	S <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERTSON, JOHN WILLIAM	1.2 NAME	
STREET ADDRESS	%4 MELVILLE STREET	1.3 STREET ADDRESS	
CITY - ST - ZIP	EDINBURGH, SCOTLAND	1.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANDERSON, ERIC FENTON	2.2 NAME	
STREET ADDRESS	BOWMORE, 10 HARELAW ROAD	2.3 STREET ADDRESS	
CITY - ST - ZIP	EDINBURGH, SCOTLAND	2.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLACK, DOUGLAS ROBERT	3.2 NAME	
STREET ADDRESS	85 WOODFIELD PARK	3.3 STREET ADDRESS	
CITY - ST - ZIP	EDINBURGH, SCOTLAND	3.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEEBLES, ALEXANDER DOUGLAS	4.2 NAME	
STREET ADDRESS	LINDEAN, 85 SOUTH BROOMAGE AVENUE	4.3 STREET ADDRESS	
CITY - ST - ZIP	LARBERT, SCOTLAND	4.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NICOL, ALEXANDER DAVID	5.2 NAME	
STREET ADDRESS	35 RAVELSTON DYKES	5.3 STREET ADDRESS	
CITY - ST - ZIP	EDINBURGH, SCOTLAND	5.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KIDD, JAMES EDDIE	6.2 NAME	
STREET ADDRESS	8 WOODHILL GROVE	6.3 STREET ADDRESS	
CITY - ST - ZIP	DUNFERMLINE, SCOTLAND	6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* 6<sup>th</sup> March 1996. U.K. 0181 245 5400.

CR2E034 (12/95)