

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Mar 11, 1999 8:00 am  
Secretary of State

03-11-1999 90010 012 \*\*\*158.75

DOCUMENT # P17411

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/28/1987

4. FEI Number

52-1503466

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax.

☐ Yes

☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

F & L CORP.  
200 LAURA STREET  
JACKSONVILLE FL 32202

10. Name and Address of New Registered Agent

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE S ☐ DELETE

NAME ROBERTSON, JOHN WILLIAM

STREET ADDRESS %4 MELVILLE STREET

CITY-ST-ZIP EDINBURGH, SCOTLAND

TITLE D ☐ DELETE

NAME BROWNING, JAMES R

STREET ADDRESS 7 BLACKFORD HILL GROVE

CITY-ST-ZIP EDINBURGH SC

TITLE D ☐ DELETE

NAME BLACK, DOUGLAS ROBERT

STREET ADDRESS 85 WOODFIELD PARK

CITY-ST-ZIP EDINBURGH, SCOTLAND

TITLE D ☒ DELETE

NAME PEEBLES, ALEXANDER DOUGLAS

STREET ADDRESS LINDEAN, 85 SOUTH-BROOMAGE AVENUE

CITY-ST-ZIP LARBERT, SCOTLAND

TITLE D ☐ DELETE

NAME MCCABE, JOHN

STREET ADDRESS 58 BATTOCK RD

CITY-ST-ZIP BRIGHTONS SC

TITLE D ☐ DELETE

NAME KIDD, JAMES EDDIE

STREET ADDRESS 8 WOODHILL GROVE

CITY-ST-ZIP DUNFERMLINE, SCOTLAND

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN /2

1.1 TITLE D ☐ Change ☒ Addition

1.2 NAME SMART, MARGARET ELIZABETH

1.3 STREET ADDRESS "MISTY VIEW", 3 HILLHEAD VIEW

1.4 CITY-ST-ZIP FALKIRK, SCOTLAND

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)