

5-8-97 B- 6642 -C
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97 MAY -8 PM 12:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1997	FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P17412 (8)
1. Corporation Name BANK OF SCOTLAND (CORPORATION)

Principal Place of Business P. O. BOX 768 ORCHARD BRAE HOUSE EDINBURGH, SCOTLAND EH4 0G US	Mailing Address P. O. BOX 768 ORCHARD BRAE HOUSE EDINBURGH, SCOTLAND EH4 0G US
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2. Principal Place of Business 21 Suite, Apt #, etc 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 111 RIVERSIDE AVENUE, STE 230 27 Suite, Apt #, etc 28 JACKSONVILLE, FL 29 Zip 30 32202 31 Country 32 US
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3. Date Incorporated or Qualified 12/28/1987	3a. Date of Last Report 02/20/1996
4. FEI Number 98-0018456	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. 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 SADLER, LUTHER F., JR., ESQ. THE GREENLEAF BUILDING, 200 LAURA STREET JACKSONVILLE FL 32202
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10. Name and Address of New Registered Agent 81 Name SADLER, LUTHER F., JR., ESQ. 82 Street Address (P.O. Box Number is Not Acceptable) POLEY + LARDNER 83 THE GREENLEAF BUILDING, 200 LAURA STREET 84 City JACKSONVILLE 85 Zip Code FL 32202
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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 _____ (NOTE: Registered Agent signature required when resigning) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	D HUTCHISON, MR. T.O. %P.O. BOX 5, THE MOUND N/A EDINBURGH, SCOTLAND
TITLE	C PATTULLO, D.B. SR. %P.O. BOX 5, THE MOUND N/A EDINBURGH, SCOTLAND
TITLE	S YOUNG, H.K. MR. P. O. BOX 5, THE MOUND N/A EDINBURGH, SCOTLAND
TITLE	D BELL, A. S. %P.O. BOX 5, THE MOUND N/A EDINBURGH, SCOTLAND
TITLE	D SHAW, JOHN SIR %P.O. BOX 5, THE MOUND N/A EDINBURGH, SCOTLAND
TITLE	D BURT, P.A. %P.O. BOX 5, THE MOUND N/A EDINBURGH, SCOTLAND

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add.
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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 both, with an address.

SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
4/21/97
Daytime Phone # _____
0629283