

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  
Feb 24, 1999 8:00 am  
Secretary of State

02-24-1999 90038 019 \*\*\*150.00

DOCUMENT # P17412

1. Corporation Name

BANK OF SCOTLAND (CORPORATION)

Principal Place of Business

P. O. BOX 768  
ORCHARD BRAE HOUSE  
EDINBURGH, SCOTLAND EH4 6G  
US

Mailing Address

111 RIVERSIDE AVENUE  
SUITE 230  
JACKSONVILLE FL 32202

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/28/1987

4. FEI Number

98-0018456

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

\$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

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

24 25 29 30 32202 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SADLER, LUTHER F JR, ESQ  
FOLEY & LARDNER  
THE GREENLEAF BUILDING, 200 LAURA STREET  
JACKSONVILLE FL 32202

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☒ DELETE  
NAME HUTCHISON, MR. T.O.  
STREET ADDRESS %P.O. BOX 5, THE MOUND N/A  
CITY-ST-ZIP EDINBURGH, SCOTLAND

1.1 TITLE D ☐ Change ☒ Addition  
1.2 NAME GRANT, ALISTAIR SIR  
1.3 STREET ADDRESS 90 P.O. Box 5, The Mound N/A  
1.4 CITY-ST-ZIP EDINBURGH, SCOTLAND

TITLE C ☒ DELETE  
NAME PATTULLO, D.B. SR.  
STREET ADDRESS %P.O. BOX 5, THE MOUND N/A  
CITY-ST-ZIP EDINBURGH, SCOTLAND

2.1 TITLE D ☐ Change ☒ Addition  
2.2 NAME REID, BOB SIR  
2.3 STREET ADDRESS 90 P.O. Box 5, The Mound N/A  
2.4 CITY-ST-ZIP EDINBURGH, SCOTLAND

TITLE D ☐ DELETE  
NAME BURT, P A  
STREET ADDRESS % P.O. BOX 5, THE MOUNDS N/A  
CITY-ST-ZIP EDINBOROUGH, SCOTLAND

3.1 TITLE O ☐ Change ☒ Addition  
3.2 NAME MERCER, JOHN  
3.3 STREET ADDRESS 90 P.O. Box 5, The Mound N/A  
3.4 CITY-ST-ZIP EDINBURGH, SCOTLAND

TITLE D ☒ DELETE  
NAME BELL, A. S.  
STREET ADDRESS %P.O. BOX 5, THE MOUND N/A  
CITY-ST-ZIP EDINBURGH, SCOTLAND

4.1 TITLE D ☐ Change ☒ Addition  
4.2 NAME McQUEEN, W. GORDON  
4.3 STREET ADDRESS 90 P.O. Box 5, The Mound N/A  
4.4 CITY-ST-ZIP EDINBURGH, SCOTLAND

TITLE D ☒ DELETE  
NAME SHAW, JOHN SIR  
STREET ADDRESS %P.O. BOX 5, THE MOUND N/A  
CITY-ST-ZIP EDINBURGH, SCOTLAND

5.1 TITLE O ☐ Change ☒ Addition  
5.2 NAME LITTLER, ROY  
5.3 STREET ADDRESS 90 P.O. Box 5, The Mound N/A  
5.4 CITY-ST-ZIP EDINBURGH, SCOTLAND

TITLE D ☐ DELETE  
NAME MASTERTON, GAVIN  
STREET ADDRESS 90 P.O. Box 5, The Mound N/A  
CITY-ST-ZIP EDINBURGH, SCOTLAND

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 (1/198)