

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P17412**

1. Entity Name

**BANK OF SCOTLAND (CORPORATION)****FILED**  
**Mar 24, 2000 8:00 am**  
**Secretary of State**

03-24-2000 90095 043 \*\*\*150.00

Principal Place of Business

Mailing Address

P. O. BOX 768  
ORCHARD BRAE HOUSE  
EDINBURGH, SCOTLAND EH4 6G  
US111 RIVERSIDE AVENUE  
JACKSONVILLE FL 32202-4921  
US

C0044300



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number

98-0018456

Applied For

Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**10. Election Campaign Financing  
Trust Fund Contribution. ☐**\$5.00** May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete  
NAME **GRANT, ALISTAIR SIR**  
STREET ADDRESS **%P.O. BOX 5, THE MOUND N/A**  
CITY-ST-ZIP **EDINBURGH, SCOTLAND**TITLE **D** ☐ Change ☒ Addition  
NAME **Shaw, John Sir**  
STREET ADDRESS **%P.O. Box 5, The Mound N/A**  
CITY-ST-ZIP **EDINBURGH, SCOTLAND**TITLE **D** ☐ Delete  
NAME **REID, BOB SIR**  
STREET ADDRESS **%P.O. BOX 5, THE MOUND N/A**  
CITY-ST-ZIP **EDINBURGH, SCOTLAND**TITLE **D** ☐ Change ☒ Addition  
NAME **MERCER, John A.**  
STREET ADDRESS **%P.O. Box 5, The Mound N/A**  
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**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE **D** ☒ Delete  
NAME **MCQUEEN, W. GORDON**  
STREET ADDRESS **%P.O. BOX 5, THE MOUND N/A**  
CITY-ST-ZIP **EDINBURGH, SCOTLAND**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE **O** ☒ Delete  
NAME **LITTLER, ROY**  
STREET ADDRESS **%P.O. BOX 5, THE MOUND N/A**  
CITY-ST-ZIP **EDINBURGH, SCOTLAND**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE **D** ☐ Delete  
NAME **MASTERTON, GAVIN**  
STREET ADDRESS **% P.O. BOX 5, THE MOUND N/A**  
CITY-ST-ZIP **EDINBURGH, SCOTLAND**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 21, 2000

Date

Daytime Phone #

CR2E034 (9/99)