

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

FILED
May 11 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P22022 (8)
1. Corporation Name
FIRST CHICAGO TRUST COMPANY OF NEW YORK



Principal Place of Business

14 WALL ST.
STE. #4680
NEW YORK NY 10005
US

Mailing Address

525 WASHINGTON BLVD.
MAIL SUITE 4686
JERSEY CITY NJ 07103
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		12/08/1988	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		13-3340857	
24 Country		29 Country		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	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

CORPORATION COMPANY OF MIAMI
1500 EDWARD BALL BUILDING
100 CHOPIN PLAZA
MIAMI FL 33131

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPADAFORD, JOSEPH F.	1.2 NAME	
STREET ADDRESS	525 WASHINGTON BLVD	1.3 STREET ADDRESS	
CITY-ST-ZIP	JERSEY CITY NJ	1.4 CITY-ST-ZIP	
TITLE	V	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EBERSMAN, FRANCINE	2.2 NAME	
STREET ADDRESS	525 WASHINGTON BLVD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	JERSEY CITY NJ 07103	2.4 CITY-ST-ZIP	
TITLE	SV	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MITCHELL, JANICE L.	3.2 NAME	
STREET ADDRESS	525 WASHINGTON BLVD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	JERSEY CITY NJ 07103	3.4 CITY-ST-ZIP	
TITLE	DV	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALLACE, MARCIA L.	4.2 NAME	
STREET ADDRESS	525 WASHINGTON BLVD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	JERSEY CITY NE 07103	4.4 CITY-ST-ZIP	
TITLE	DC	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TINSLEY, EDWARD	5.2 NAME	SKAAR, CHRISTOPHER
STREET ADDRESS	525 WASHINGTON BLVD	5.3 STREET ADDRESS	525 WASHINGTON BLVD
CITY-ST-ZIP	JERSEY CITY NJ	5.4 CITY-ST-ZIP	JERSEY CITY, NJ
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE:

[Handwritten Signature]

CR2E034 (10/97)