

**2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F02000005992

**Entity Name:** BANK LEUMI USA

**Current Principal Place of Business:**

579 FIFTH AVENUE  
NEW YORK, NY 10036

**Current Mailing Address:**

350 MADISON AVENUE  
NEW YORK, NY 10017 US

**FEI Number:** 13-2614394

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

WATTS, JEFF  
BANK LEUMI USA  
19495 BISCAYNE BLVD. SUITE 801  
AVENTURA, FL 33180 US

*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:** JEFF WATTS

02/11/2019

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR AND PRESIDENT  
Name MENDELSON, AVNER  
Address 579 FIFTH AVENUE  
City-State-Zip: NEW YORK NY 10017

Title EVP, SECRETARY, GENERAL COUNSEL  
Name SHERMAN, ANDREW  
Address 350 MADISON AVENUE  
City-State-Zip: NEW YORK NY 10017

Title FSVP AND TREASURER  
Name BOYAN, GEORGE  
Address 350 MADISON AVENUE  
City-State-Zip: NEW YORK NY 10017

Title EVP, CFO, AND COO  
Name DAKKURI, RAJA  
Address 350 MADISON AVENUE  
City-State-Zip: NEW YORK NY 10017

Title DIRECTOR  
Name COLE, WARREN  
Address 579 FIFTH AVENUE  
City-State-Zip: NEW YORK NY 10036

Title DIRECTOR  
Name DE JONGH, LAMAE  
Address 579 FIFTH AVENUE  
City-State-Zip: NEW YORK NY 10036

Title DIRECTOR  
Name GOLDMAN, STEVEN  
Address 579 FIFTH AVENUE  
City-State-Zip: NEW YORK NY 10036

Title DIRECTOR  
Name GOLDSTEIN, MICHAEL  
Address 579 FIFTH AVENUE  
City-State-Zip: NEW YORK NY 10036

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*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** LAURIE J. STEINFELD

ASST. VICE PRESIDENT

02/11/2019

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name HEYMAN, WILLIAM  
Address 579 FIFTH AVENUE  
City-State-Zip: NEW YORK NY 10036

Title DIRECTOR AND CHAIRMAN  
Name JOHNSTON, CHARLES  
Address 579 FIFTH AVENUE  
City-State-Zip: NEW YORK NY 10036

Title DIRECTOR  
Name MINTZ, YOEL  
Address 579 FIFTH AVENUE  
City-State-Zip: NEW YORK NY 10036

Title DIRECTOR  
Name JAWITZ, SIMON  
Address 579 FIFTH AVENUE  
City-State-Zip: NEW YORK NY 10036

Title DIRECTOR  
Name LAVIN, STEVEN  
Address 579 FIFTH AVENUE  
City-State-Zip: NEW YORK NY 10036

Title DIRECTOR  
Name FRIEDMAN, HANAN  
Address 579 FIFTH AVENUE  
City-State-Zip: NEW YORK NY 10036