

2000 UNIFORM BUSINESS REPORT (UBR)

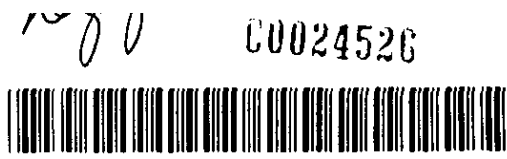
FILED
Mar 03, 2000 8:00 am
Secretary of State

03-03-2000 90030 025 ***150.00

DOCUMENT # 849653

1. Entity Name
ABN AMRO BANK N.V.

Principal Place of Business First Union SOUTH FINANCIAL CENTER SOUTH BISCAYNE BLVD. 22ND FLOOR FL 33131-5311	Mailing Address First Union SOUTHEAST FINANCIAL CENTER 200 SOUTH BISCAYNE BLVD. 22ND FLOOR MIAMI FL 33131-2310
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 13-5268975	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent
~~FINA MORALES~~ **Roberto Diaz de Villegas, COO**
200 S. BISCAYNE BLVD. 22ND FLOOR
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State 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 _____ (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

TITLE	PD <input type="checkbox"/> Delete
NAME	KALFF, PJ
STREET ADDRESS	FOPPINGADREEF 22
CITY-ST-ZIP	AMSTERDAM ZU
TITLE	D <input type="checkbox"/> Delete
NAME	VAN TETS, R.W.F.
STREET ADDRESS	22 FOPPINGADREEF
CITY-ST-ZIP	AMSTERDAM ZU
TITLE	D <input type="checkbox"/> Delete
NAME	DRABBEE, MJ
STREET ADDRESS	FOPPINGADREEF 22
CITY-ST-ZIP	AMSTERDAM ZU
TITLE	D <input type="checkbox"/> Delete
NAME	TEMPEST, HARRY
STREET ADDRESS	135 SO. LASALLE ST, 340
CITY-ST-ZIP	CHICAGO IL 60603
TITLE	D <input type="checkbox"/> Delete
NAME	RIBOURDOUILLE, DRS.P.
STREET ADDRESS	ZWARTEWEG 14
CITY-ST-ZIP	AERDENHOUT, NETHERLAND
TITLE	SVP <input type="checkbox"/> Delete
NAME	KOCH, PAUL
STREET ADDRESS	200 SO BISCAYNE BLVD., 22ND FLOOR
CITY-ST-ZIP	MIAMI FL 33131

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 all other like empowered.

SIGNATURE: *Paul Koch* **2/1/00** Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E014 (9/99)