

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 28 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P02446 (3)
1. Corporation Name
IBJ SCHRODER BANK & TRUST COMPANY



Principal Place of Business ONE STATE STREET NEW YORK NY 10004	Mailing Address ONE STATE STREET NEW YORK NY 10004
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3. Date Incorporated or Qualified 06/18/1984		
4. FEI Number 13-5375195	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>

2. Principal Place of Business 21. Suite, Apt. #, etc. 22. City & State 23. Zip 24. Country	2a. Mailing Address 26. Suite, Apt. #, etc. 27. City & State 28. Zip 29. Country
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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
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
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
**BANNO, JOHN A.
200 S. BISCAYNE BLVD. SUITE 2850
MIAMI FL 33131-0371**

10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code **FL**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PCEO <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NAKATSUGAWA, NAOAKI	1.2 NAME	
STREET ADDRESS	1251 AVENUE OF THE AMERICAS	1.3 STREET ADDRESS	*Please see attached list for update of officers and directors.
CITY-ST-ZIP	NEW YORK NY 10020	1.4 CITY-ST-ZIP	
TITLE	CD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WAY, ALVA O.	2.2 NAME	
STREET ADDRESS	ONE STATE STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10004	2.4 CITY-ST-ZIP	
TITLE	CD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEBS, RICHARD A.	3.2 NAME	
STREET ADDRESS	15 HUNTZINGER DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	GREENWICH CT 06831	3.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIS, STEPHEN E.	4.2 NAME	
STREET ADDRESS	84 LAURA LNT.	4.3 STREET ADDRESS	
CITY-ST-ZIP	TIVERTON RI 02878	4.4 CITY-ST-ZIP	
TITLE	MDGM <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUZUKI, YUJIN	5.2 NAME	
STREET ADDRESS	1251 AVENUE OF THE AMERICAS	5.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10167	5.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROMAN, KENNETH	6.2 NAME	
STREET ADDRESS	886 THIRD AVE., 26TH FLOOR	6.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10022	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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Robert N. Hay, Jr.* **Robert N. Hay, Jr.** April 7, 1998 (212) 858-2193

CR2E037 (10/97)