Notice of Change in Activities or Operations

Type of Notice (Check the appropriate box)

This is to notify the OCC of the following change affecting the identified federal branch or agency: Corporate Title ☐ Mailing Address of: Foreign bank Federal branch or agency Home State Designation Conversion to State-licensed Operation Complete the information as applicable to the particular change checked. **Foreign Bank Identifying Information** For Changes in Corporate Title Foreign Bank Previous Name ______ (exact corporate title of bank) Foreign Bank New Name (exact corporate title of bank following title change) Effective Date For Changes in the Mailing Address of the Foreign Bank Previous Address (Headquarters office of foreign bank) City State Country New Address (Headquarters office of foreign bank) City_____ State ____ Country ____ Effective Date **Federal Branch or Agency Identifying Information** License No. (exact corporate title of United States office)

For Changes in the Mailing Address of the Federal Branch or Agency **Current Mailing Address** City County State ZIP Code New Mailing Address City_____ State ____ ZIP Code Effective Date . For Changes in Home State Designation Current Home State New Home State Effective Date ______ A copy of the notice or application to the Federal Reserve Board (FRB) or determination of the FRB for a change in home state designation should be attached. For Conversion to a State License Reasons for converting: Planned Effective Date A certified copy of the resolution adopted by senior management of the foreign bank and a copy of the state application should be attached. Upon approval to convert, we certify that the license certificate, trust permit (if applicable), and reports of examination and any related correspondence will be returned to the OCC (or in the case of the reports of examination and related correspondence, these have been destroyed). We understand that the CED will not be released until all OCC official documents are returned or destroyed. Executed this day of _____, ___. Signature of Authorized Officer

Typed Name

Title