


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 08, 2005 8:00 am
Secretary of State

08-08-2005 90049 007 ***150.00

DOCUMENT # F04000002050
 1. Entity Name
AIB INVESTMENT MANAGERS LIMITED CO.



Principal Place of Business Mailing Address
C/O ALLIED IRISH BANK **C/O ALLIED IRISH BANK**
405 PARK AVENUE **405 PARK AVENUE**
NEW YORK, NY 10022 **NEW YORK, NY 10022**

50060544



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

07252005 Chg-P CR2E034 (10/03)

4. FEI Number Applied For
13 3787107 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **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. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: **SVP** Delete
 NAME: **LECKRONE, JANINE**
 STREET ADDRESS: **405 PARK AVENUE**
 CITY-ST-ZIP: **NEW YORK, NY 10022**

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: **S** Delete
 NAME: **MARKEY, NIALL**
 STREET ADDRESS: **7 CLARINDA HOUSE CLARINDA PARK WEST**
 CITY-ST-ZIP: **DUN LAOGHAIRE DUBLIN IRELAND,**

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: **MD** Delete
 NAME: **FITZPATRICK, EILEEN**
 STREET ADDRESS: **2 HERBERT COURT SANDYMOUNT AVENUE**
 CITY-ST-ZIP: **DUBLIN IRELAND,**

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: **D** Delete
 NAME: **DOYLE, JAMES COLM**
 STREET ADDRESS: **36 THORNABY LAWNS**
 CITY-ST-ZIP: **HOWTH DUBLIN IRELAND,**

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: **D** Delete
 NAME: **CORCORAN, KIERAN PATRICK**
 STREET ADDRESS: **GROVE HOUSE GROVE AVENUE**
 CITY-ST-ZIP: **BLACKROCK DUBLIN IRELAND,**

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: **D** Delete
 NAME: **DOLAN, MARTINA**
 STREET ADDRESS: **17 ULLSWATER 53 PUTNEY HILL**
 CITY-ST-ZIP: **LONDON SW15 6RY ENGLAND,**

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Janine Leckrone*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 8-1-05 Daytime Phone #: 212 515 6812