


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 29, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # F04000002050**

1. Entity Name  
**AIB INVESTMENT MANAGERS LIMITED CO.**



|   |   |
|---|---|
| <i>Principal Place of Business</i>                                      | <i>Mailing Address</i>  |
| <b>C/O ALLIED IRISH BANK<br/>405 PARK AVENUE<br/>NEW YORK, NY 10022</b> | <b>C/O ALLIED IRISH BANK<br/>405 PARK AVENUE<br/>NEW YORK, NY 10022</b> |



03152006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

|   |  |
|---|--|
| 4. FEI Number<br><b>13-3787107</b>                        | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required                  |

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525**

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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$350.00**

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

| 10. OFFICERS AND DIRECTORS                     |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>SVP<br/>LECKRONE, JANINE<br/>405 PARK AVENUE<br/>NEW YORK, NY 10022</b>                           |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>S<br/>MARKEY, NIALL<br/>7 CLARINDA HOUSE CLARINDA PARK WEST<br/>DUN LAOGHAIRE DUBLIN IRELAND.</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>MD<br/>FITZPATRICK, EILEEN<br/>2 HERBERT COURT SANDYMOUNT AVENUE<br/>DUBLIN IRELAND.</b>          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D<br/>DOYLE, JAMES COLM<br/>36 THORNABY LAWNS<br/>HOWTH DUBLIN IRELAND.</b>                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D<br/>CORCORAN, KIERAN PATRICK<br/>GROVE HOUSE GROVE AVENUE<br/>BLACKROCK DUBLIN IRELAND.</b>     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D<br/>DOLAN, MARTINA<br/>17 ULLSWATER 53 PUTNEY HILL<br/>LONDON SW15 6RY ENGLAND.</b>             |

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04/12/06-80062-013 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 2/2/06 212 575 6812  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #