

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000002050

FILED
Mar 19, 2008
Secretary of State

Entity Name: AIB INVESTMENT MANAGERS LIMITED CO.

Current Principal Place of Business:

C/O ALLIED IRISH BANK
405 PARK AVENUE
NEW YORK, NY 10022

New Principal Place of Business:

Current Mailing Address:

C/O ALLIED IRISH BANK
405 PARK AVENUE
NEW YORK, NY 10022

New Mailing Address:

FEI Number: 13-3787107 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: SVP () Delete
Name: LECKRONE, JANINE
Address: 405 PARK AVENUE
City-St-Zip: NEW YORK, NY 10022

Title: S () Delete
Name: MARKEY, NIALL
Address: 7 CLARINDA HOUSE CLARINDA PARK WEST
City-St-Zip: DUN LAOGHAIRE DUBLIN IRELAND, OC

Title: M () Delete
Name: O'RIORDAN, FRANK
Address: 5 BOOTERSTOWN PARK
City-St-Zip: BLACKROCK DUBLIN, IRELAND, OC

Title: D () Delete
Name: MINOGUE, NOEL F
Address: 7 WOODLANDS COURT
City-St-Zip: PORTMARNOCK, DUBLIN, IRELAND, OC

Title: D () Delete
Name: CORCORAN, KIERAN PATRICK
Address: GROVE HOUSE GROVE AVENUE
City-St-Zip: BLACKROCK DUBLIN IRELAND, OC

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JANINE LECKRONE

_____ Electronic Signature of Signing Officer or Director

SRVP

03/19/2008

_____ Date