

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P22078 (0)**
1. Corporation Name
CHRYSLER ASSET MANAGEMENT CORPORATION



Principal Place of Business: **225 HIGH RIDGE RD STAMFORD CT 06905**
Mailing Address: **225 HIGH RIDGE RD STAMFORD CT 06905**

3. Date Incorporated or Qualified: **12/13/1988**
3a. Date of Last Report: **05/23/1995**

21. Principal Place of Business	2a. Mailing Address	4. FEI Number 06-1213913	Applied For <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23. City & State	28. City & State	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24. Zip	29. Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	FL
	85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BISHOP, WILLIAM S	1.2 NAME	
STREET ADDRESS	26 CEDARWOOD DR #1	1.3 STREET ADDRESS	
CITY-ST-ZIP	GREENWICH CT	1.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JAMES, JOHN W.	2.2 NAME	
STREET ADDRESS	19 ST. GEORGE LANE	2.3 STREET ADDRESS	
CITY-ST-ZIP	NEW CANAAN CT	2.4 CITY-ST-ZIP	
TITLE	VC <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PETERSON, MICHAEL O	3.2 NAME	
STREET ADDRESS	55 MARLBOROUGH RD	3.3 STREET ADDRESS	
CITY-ST-ZIP	NO HAVEN CT	3.4 CITY-ST-ZIP	
TITLE	VS <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COZART, RICHARD M.	4.2 NAME	
STREET ADDRESS	6 LAURELWOOD DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	NEW FAIRFIELD CT	4.4 CITY-ST-ZIP	
TITLE	DV <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEPTUNE, RICHARD G.	5.2 NAME	
STREET ADDRESS	225 HIGH RIDGE RD.	5.3 STREET ADDRESS	
CITY-ST-ZIP	STAMFORD CT	5.4 CITY-ST-ZIP	
TITLE	AT <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIMMONS, RUBEN	6.2 NAME	
STREET ADDRESS	225 HIGH RIDGE RD	6.3 STREET ADDRESS	
CITY-ST-ZIP	STAMFORD CT	6.4 CITY-ST-ZIP	

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JK

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ DATE: **5/17/96** (283) 975-3208

CR2E034 (12/95)