

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 23 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P22078 (0)
 1. Corporation Name
CHRYSLER ASSET MANAGEMENT CORPORATION



DO NOT WRITE IN THIS SPACE

Principal Place of Business 225 HIGH RIDGE RD STAMFORD CT 06905	Mailing Address 225 HIGH RIDGE RD STAMFORD CT 06905
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3. Date Incorporated or Qualified 12/13/1988	Applied For <input type="checkbox"/> Not Applicable
4. FEI Number 06-1213913	
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 State, Apt #, etc 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 State, Apt #, etc 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent
**CT CORPORATION SYSTEM
 1200 S. PINE ISLAND ROAD
 PLANTATION FL 33324**

10. Name and Address of New Registered Agent
 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 reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
PD	BISHOP, WILLIAM S 28 CEDARWOOD DR #1 GREENWICH CT	<input type="checkbox"/> DELETE	
V	JAMES, JOHN W. 19 ST. GEORGE LANE NEW CANAAN CT	<input checked="" type="checkbox"/> DELETE	
VC	PETERSON, MICHAEL O 55 MARLBOROUGH RD NO HAVEN CT	<input type="checkbox"/> DELETE	
VS	COZART, RICHARD M. 6 LAURELWOOD DRIVE NEW FAIRFIELD CT	<input type="checkbox"/> DELETE	
DV	NEPTUNE, RICHARD G. 225 HIGH RIDGE RD. STAMFORD CT	<input type="checkbox"/> DELETE	
T	SIMMONS, RUBEN 225 HIGH RIDGE RD STAMFORD CT	<input type="checkbox"/> DELETE	

1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP
		<input type="checkbox"/> Change	<input type="checkbox"/> Addition			<input type="checkbox"/> Change	<input type="checkbox"/> Addition			<input type="checkbox"/> Change	<input type="checkbox"/> Addition			<input type="checkbox"/> Change	<input type="checkbox"/> Addition			<input type="checkbox"/> Change	<input type="checkbox"/> Addition		

14. 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 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: _____

CR2E034 (10/97)