

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

FILED
Mar 08, 1999 8:00 am
Secretary of State

03-08-1999 90013 027 ***150.00

www1992

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P22078

1. Corporation Name
CHRYSLER ASSET MANAGEMENT CORPORATION



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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
12/13/1988

4. FEI Number
06-1213913 Applied For
 Not Applicable

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

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

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent
CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD
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

TITLE	PD	<input type="checkbox"/> DELETE
NAME	BISHOP, WILLIAM S	
STREET ADDRESS	26 CEDARWOOD DR #1	
CITY-ST-ZIP	GREENWICH CT	
TITLE	VC	<input type="checkbox"/> DELETE
NAME	PETERSON, MICHAEL O	
STREET ADDRESS	55 MARLBOROUGH RD	
CITY-ST-ZIP	NO HAVEN CT	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	COZART, RICHARD M.	
STREET ADDRESS	6 LAURELWOOD DRIVE	
CITY-ST-ZIP	NEW FAIRFIELD CT	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	NEPTUNE, RICHARD G.	
STREET ADDRESS	225 HIGH RIDGE RD.	
CITY-ST-ZIP	STAMFORD CT	
TITLE	T	<input type="checkbox"/> DELETE
NAME	SIMMONS, RUBEN	
STREET ADDRESS	225 HIGH RIDGE RD	
CITY-ST-ZIP	STAMFORD CT	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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, with all other like empowered.

SIGNATURE: _____ **SIGNATURE REQUIRED** _____ Date: **2/15/99** Daytime Phone #: **203-975-3200**

CR2E034 (11/98)