

2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED

05 OCT 28 AM 11:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



10112005 REIN-P CR2E098 (6/04)

DOCUMENT # P22078 1. Entity Name CHRYSLER ASSET MANAGEMENT CORPORATION			
Principal Place of Business 501 MERRITT 7, 5TH FLOOR NORWALK, CT 06851 US		Mailing Address 501 MERRITT 7, 5TH FLOOR NORWALK, CT 06851 US	
2. Principal Place of Business 27777 INKSTER ROAD Suite, Apt. #, etc. CIMS: 405-24-00 City & State FARMINGTON HILLS MI Zip 48334		3. Mailing Address 27777 INKSTER ROAD Suite, Apt. #, etc. CIMS: 405-24-00 City & State FARMINGTON HILLS, MI Zip 48334	
4. FEI Number 06-1213913		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After January 1, 2006, Fee will be \$300.00		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PD <input checked="" type="checkbox"/> Delete NAME BISHOP, WILLIAM S STREET ADDRESS 501 MERRITT 7, 5TH FLOOR CITY-ST-ZIP NORWALK, CT 06851	TITLE PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME JAMES STANO STREET ADDRESS 27777 INKSTER ROAD, CIMS 405-24-00 CITY-ST-ZIP FARMINGTON HILLS, MI 48334	TITLE VS <input checked="" type="checkbox"/> Delete NAME COZART, RICHARD M. STREET ADDRESS 501 MERRITT 7, 5TH FLOOR CITY-ST-ZIP NORWALK, CT 06851	TITLE VS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME TRACY HACKMAN STREET ADDRESS 27777 INKSTER ROAD, CIMS 405-24-00 CITY-ST-ZIP FARMINGTON HILLS MI 48334
TITLE T <input type="checkbox"/> Delete NAME SIMMONS, RUBEN STREET ADDRESS 501 MERRITT 7, 5TH FLOOR CITY-ST-ZIP NORWALK, CT 06851	TITLE T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME 27777 INKSTER CIMS 405-24-00 STREET ADDRESS FARMINGTON HILLS MI 48334 CITY-ST-ZIP	TITLE VP <input checked="" type="checkbox"/> Delete NAME GREENFIELD, WALTER F STREET ADDRESS 501 MERRITT 7, 5TH FLOOR CITY-ST-ZIP NORWALK, CT 06851	TITLE VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME KEN CASPER STREET ADDRESS 27777 INKSTER ROAD, CIMS 405-24-00 CITY-ST-ZIP FARMINGTON HILLS MI 48334
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP
REINSTATEMENT 100061247381 11/08/05--01022--009 **150.00			
12. 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 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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		_____ Date Daytime Phone #	