


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90492 001 ***300.00

DOCUMENT # P22078
 1. Entity Name
CHRYSLER ASSET MANAGEMENT CORPORATION



Principal Place of Business 27777 INKSTER ROAD CIMS: 405-24-00 FARMINGTON HILLS, MI 48334 US	Mailing Address 27777 INKSTER ROAD CIMS: 405-24-00 FARMINGTON HILLS, MI 48334 US
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
 CT CORPORATION SYSTEM
 1200 S. PINE ISLAND ROAD
 PLANTATION, FL 33324

DO NOT WRITE IN THIS SPACE

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STANO, JAMES 27777 INKSTER ROAD, CIMS 405-24-00 FARMINGTON HILLS, MI 48334
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS HACKMAN, TRACY 27777 INKSTER ROAD, CIMS 405-24-00 FARMINGTON HILLS, MI 48334
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SIMMONS, RUBEN 27777 INKSTER ROAD, CIMS 405-24-00 FARMINGTON HILLS, MI 48334
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CASPER, KEN 27777 INKSTER ROAD, CIMS 405-24-00 FARMINGTON HILLS, MI 48334
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____ **4/18/06** **(248) 427-3531**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

66011330



04062006 No Chg-P CR2E034 (11/05)

4. FEI Number 06-1213913	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75** Additional Fee Required