

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

06 MAY -1 PM 5:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000093750 1. Entity Name AWAD ASSET MANAGEMENT, INC.					
Principal Place of Business THE OFFICES OF RAYMOND JAMES FINANCIAL 880 CARILLON PKY. ST. PETERSBURG, FL 33733			Mailing Address THE OFFICES OF RAYMOND JAMES FINANCIAL 880 CARILLON PKY. ST. PETERSBURG, FL 33733		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 58-2372400	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent JACOBS, RICHARD O 200 CENTRAL AVE., STE. 1600 ST. PETERSBURG, FL 33701				7. Name and Address of New Registered Agent Name CT Corporation Street Address (P.O. Box Number is Not Acceptable) 1200 S. Pine Island Road City Plantation FL Zip Code 33324	
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. <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 30%;"> SIGNATURE <u><i>Connie Bryan</i></u> <small>Signature, typed or printed name of registered agent and fee if applicable.</small> </div> <div style="width: 30%; text-align: center;"> CONNIE BRYAN SPECIAL ASSISTANT SECRETARY </div> <div style="width: 30%; text-align: right;"> <u>May 01, 2006</u> <small>DATE</small> </div> </div>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCP AWAD, JAMES D ONE EAST END AVE. APT 1A+ NEW YORK, NY 10021		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HILL, STEPHEN G 880 CARILLON PARKWAY SAINT PETERSBURG, FL 33716		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WILWANT, ERIC 880 CARILLON PARKWAY SAINT PETERSBURG, FL 33716		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASAT WILSON, DONNA L 880 CARILLON PARKWAY ST. PETERSBURG, FL 33733		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP EGAN, CAROL 880 CARILLON PARKWAY SAINT PETERSBURG, FL 33716		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FABER, STEPHEN W 880 CARILLON PARKWAY SAINT PETERSBURG, FL 33716		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u><i>Steve Hill</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>4/28/06</u> Daytime Phone # <u>727-567-3545</u>		