

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 04, 2005 08:00 AM
Secretary of State

DOCUMENT # P97000093750 1. Entity Name AWAD ASSET MANAGEMENT, INC.	
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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
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04252005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 58-2372400	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$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

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE	DCP
NAME	AWAD, JAMES D
STREET ADDRESS	ONE EAST END AVE. APT 1A+
CITY - ST - ZIP	NEW YORK, NY 10021
TITLE	D
NAME	HILL, STEPHEN G
STREET ADDRESS	880 CARILLON PARKWAY
CITY - ST - ZIP	SAINT PETERSBURG, FL 33716
TITLE	T
NAME	WILWANT, ERIC
STREET ADDRESS	880 CARILLON PARKWAY
CITY - ST - ZIP	SAINT PETERSBURG, FL 33716
TITLE	ASAT
NAME	WILSON, DONNA L
STREET ADDRESS	880 CARILLON PARKWAY
CITY - ST - ZIP	ST. PETERSBURG, FL 33733
TITLE	VP
NAME	EGAN, CAROL
STREET ADDRESS	880 CARILLON PARKWAY
CITY - ST - ZIP	SAINT PETERSBURG, FL 33716
TITLE	S
NAME	FABER, STEPHEN W
STREET ADDRESS	880 CARILLON PARKWAY
CITY - ST - ZIP	SAINT PETERSBURG, FL 33716

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  Eric Wilwant 4/28/5 727567380
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #