

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# G83865

**Entity Name:** EAGLE ASSET MANAGEMENT, INC.

**Current Principal Place of Business:**

880 CARILLON PARKWAY  
ST. PETERSBURG, FL 33716

**Current Mailing Address:**

880 CARILLON PARKWAY  
ST. PETERSBURG, FL 33716 US

**FEI Number:** 59-2385219

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

*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.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT, DIRECTOR  
Name            ROSSI, RICHARD J.  
Address        880 CARILLON PARKWAY  
City-State-Zip: ST. PETERSBURG FL 33716

Title            SECRETARY  
Name            FABER, STEPHEN W.  
Address        880 CARILLON PARKWAY  
City-State-Zip: ST. PETERSBURG FL 33716

Title            TREASURER  
Name            THIEME, DEREK  
Address        880 CARILLON PARKWAY  
City-State-Zip: ST. PETERSBURG FL 33716

Title            DIRECTOR  
Name            WILWANT, ERIC C.  
Address        880 CARILLON PARKWAY  
City-State-Zip: ST. PETERSBURG FL 33716

Title            DIRECTOR  
Name            SOUSA, DAMIAN  
Address        880 CARILLON PARKWAY  
City-State-Zip: ST. PETERSBURG FL 33716

Title            DIRECTOR  
Name            ABBOTT, J. COOPER  
Address        880 CARILLON PARKWAY  
City-State-Zip: ST. PETERSBURG FL 33716

Title            DIRECTOR  
Name            JAMES, THOMAS A.  
Address        880 CARILLON PARKWAY  
City-State-Zip: ST. PETERSBURG FL 33716

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** STEPHEN W. FABER

**SECRETARY**

**04/05/2016**

Electronic Signature of Signing Officer/Director Detail

Date