


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90535 017 ****61.25

DOCUMENT # 847303	
1. Entity Name FINANCIAL MANAGEMENT ASSOCIATION INTERNATIONAL, INCORPORATED	

Principal Place of Business 4202 FOWLER AVE., UNIV OF S. FL, COLLEGE OF BUSINESS ADMIN TAMPA, FL 33620	Mailing Address 4202 FOWLER AVE., UNIV OF S. FL, COLLEGE OF BUSINESS ADMIN TAMPA, FL 33620
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50046284

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



04282005 Chg-NP CR2E037 (10/03)

4. FEI Number 23-7177057	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
RADER, JACK S. 4202 FOWLER AVE., UNIV. OF SOUTH FLORIDA COLLEGE OF BUSINESS ADMIN. TAMPA, FL 33620		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 _____

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST PATEL, AJAY WAKE FOREST UNIV WINSTON-SALEM, NC <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BTC WALKER, DAVID GEORGETOWN UNIV/SCH OF BUS WASHINGTON, DC 20057 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T STARKS, LAURA T UNIVERSITY OF TEXAS AUSTIN, TX 78712 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FLANNEY, MARK UNIV. OF FLORIDA, SCH. OF BUISNESS GAINESVILLE, FL 32611 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Trustee Same Flannery, mark <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Same Same
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPP WALKING, RALPH OHIO STATE UNIV., 700 FISCHER HALL COLUMBUS, OH 43210 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP- Program Jonathan Karpoff Univ of Washington, Sch of Business Seattle WA 98195 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HUNTER, W. CURT FED RES BANK CHICAGO 230 S LASALLE ST CHICAGO, IL 60604 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Muscarella, Chris Penn state Univ, Coll of Business University Park, PA 16802 <input type="checkbox"/> Change <input type="checkbox"/> Addition

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 617, 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: _____ **4/29/05** **813-974-2084**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #