

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 10, 2003 8:00 am**  
**Secretary of State**

0617395  
AT

**DOCUMENT # 854863**

1. Entity Name  
**ROTHSCHILD ASSET MANAGEMENT INC.**



03-10-2003 90141 045 \*\*\*150.00

Principal Place of Business 1251 AVENUE OF THE AMERICAS 51ST FLOOR NEW YORK NY 10020 US	Mailing Address 1251 AVENUE OF THE AMERICAS 51ST FLOOR NEW YORK NY 10020 US
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2. Principal Place of Business 1251 Ave of the Americas	3. Mailing Address 1251 Ave of the Americas
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Suite, Apt. #, etc. 44th Floor	Suite, Apt. #, etc. 44th Floor
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CHECK HERE IF MAKING CHANGES

City & State New York, NY	City & State New York, NY
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4. FEI Number 13-2544634	Applied For Not Applicable
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Zip 10020	Country USA	Zip 10020	Country USA
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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**

**UNITED STATES CORPORATION COMPANY**  
1201 HAYS STREET  
SUITE 105  
TALLAHASSEE FL 32301

**7. Name and Address of New Registered Agent**

Name: **United States Corporation Company**  
Street Address (P.O. Box Number is Not Acceptable):  
**1201 Hays Street**  
**Suite 105**  
City: **Tallahassee** FL Zip Code: **32302**

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, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SVST WILLIAMS, GREGORY O. 24 CROSSRIDGE CIRCLE MARLBORO NJ 07746</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SMDD TAVEL, MARK K. 110 RIVERSIDE DR NEW YORK NY 10024</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CEOD JOHNSON, R RADEY 627 THIRD STREET BROOKLYN NY 11215</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MD MACCLURE, FREDERICK C 410 WEST 53RD STREET NEW YORK NY 10019</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MD HARDING, JEFFREY J 265 SOUTH FLORA WAY GOLDEN CO 80401</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CFO JENSSEN, PAUL H 23 SEARINGTOWN ROAD SEARINGTOWN NY 11507</b> <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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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 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: Gregory O. Williams **Gregory O. Williams** 212 403-3500  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)