

# 2005 FOR PROFIT CORPORATION REINSTATEMENT


FILED

05 MAY 17 AM 10:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



05032005 REIN-P CR2E098 (6/04)

<b>DOCUMENT # F03000003289</b>					
1. Entity Name OPPENHEIMER ASSET MANAGEMENT INC.					
Principal Place of Business 125 BROAD ST. 16TH FL NEW YORK, NY 10004			Mailing Address 125 BROAD ST. 16TH FL NEW YORK, NY 10004		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number NOT APPLICABLE	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525				7. Name and Address of New Registered Agent 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 <i>By: Barbara J. Christman</i> 5-10-05 <small>Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$300.00				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P	ROBERTS, ELAINE K		TITLE	800055378598
NAME		20 EGLINTON AVE W./TORONTO, CANADA		NAME	05/26/05--01065--010 **300.00
STREET ADDRESS		ONTARIO M4R 1K8.		STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE	S	MCNAMARA, DENNIS		TITLE	
NAME		125 BROAD ST. 16TH FLOOR		NAME	
STREET ADDRESS		NEW YORK, NY 10004		STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE	C	LOWENTHAL, ALBERT G		TITLE	
NAME		125 BROAD ST. 16TH FL		NAME	
STREET ADDRESS		NEW YORK, NY 10004		STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE				TITLE	
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE				TITLE	
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE				TITLE	
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
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: <i>Dennis P. McNamara</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				5/5/05 (212) 6685711 <small>Date Daytime Phone #</small>	