2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2008
Secretary of State

DOCUMENT# F05000002367

Entity Name: OFI INSTITUTIONAL ASSET MANAGEMENT, INC.

Current Principal Place of Business:

TWO WORLD FIANCIAL CENTER
225 LIBERTY ST, 11TH FLOOR
NEW YORK, NY 102811008

New Principal Place of Business:

Current Mailing Address:

TWO WORLD FIANCIAL CENTER
225 LIBERTY ST, 11TH FLOOR
NEW YORK, NY 102811008

New Mailing Address:

FEI Number: 13-4160541 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	C	( ) Delete
Name:	MCKENZIE, CHARLES L	
Address:	2 WORLD FINANCIAL CTR, 225 LIBERTY ST 11FL	
City-St-Zip:	NEW YORK, NY 102811008	
Title:	D	( ) Delete
Name:	MURPHY, JOHN	
Address:	2 WORLD FINANCIAL CTR, 225 LIBERTY ST 11FL	
City-St-Zip:	NEW YORK, NY 102811008	
Title:	D	( ) Delete
Name:	WOLFGRUBER, KURT	
Address:	2 WORLD FINANCIAL CTR, 225 LIBERTY ST 11FL	
City-St-Zip:	NEW YORK, NY 102811008	
Title:	P	( ) Delete
Name:	LAGARCE, JEFFREY P	
Address:	2 WORLD FINANCIAL CTR, 225 LIBERTY ST 11FL	
City-St-Zip:	NEW YORK, NY 102811008	
Title:	VPGC	( ) Delete
Name:	ZACK, ROBERT G	
Address:	2 WORLD FINANCIAL CTR, 225 LIBERTY ST 11FL	
City-St-Zip:	NEW YORK, NY 102811008	
Title:	S	( ) Delete
Name:	APRILANTE, JANETTE	
Address:	2 WORLD FINANCIAL CTR, 225 LIBERTY ST 11FL	
City-St-Zip:	NEW YORK, NY 102811008	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: JANETTE APRILANTE S 04/23/2008

Electronic Signature of Signing Officer or Director — Date