2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State
04-21-2008 90041 003 ***158.75

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1. Entity Name
ACORN ASSET MANAGEMENT, INC.

Principal Place of Business	Mailing Address
2500 VENTURE OAKS WAY, SUITE 175 SACRAMENTO, CA 95833	2500 VENTURE OAKS WAY, SUITE 175 SACRAMENTO, CA 95833

DO NOT WRITE IN THIS SPACE

04012008 No Chg-P CR2E034 (11/05)

4. FEI Number
95-4240926
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD
PLANTATION, FL 33324

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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, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DC
NAME	LEWIS, JULIAN
STREET ADDRESS	2500 VENTURE OAKS WAY, SUITE 175
CITY-ST-ZIP	SACRAMENTO, CA 95833
TITLE	D
NAME	LEWIS, DAVID
STREET ADDRESS	2500 VENTURE OAKS WAY, SUITE 175
CITY-ST-ZIP	SACRAMENTO, CA 95833
TITLE	DP
NAME	HILL, EVA H
STREET ADDRESS	2500 VENTURE OAKS WAY, SUITE 175
CITY-ST-ZIP	SACRAMENTO, CA 95833
TITLE	S
NAME	SOIN, MARIANNE
STREET ADDRESS	2500 VENTURE OAKS WAY, SUITE 175
CITY-ST-ZIP	SACRAMENTO, CA 95833
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Eva H. Hill EVA H. HILL, president
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #