## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Feb 12, 2008 8:00 am Secretary of State

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1. Entity Nam	MENT # F06000004 L ASSET MANAGEMENT,			90011 049 ***15	0.00		
Principal Plac	e of Business	Mailing Address		4 U	023126		
ONE COMMERCE STREET ON		ONE COMMERCE STREET	ONE COMMERCE STREET MONTGOMERY, AL 36104		AN	N GSKII GSIKE BIBLO BIKYO BEKIU YO	
2 Deinging D	loop of Business No BO Bout	2 Mailian Address					
2. Principal Place of Business - No P.O. Box #		3. Mailing Address //OO Colonial T	Bank Bl	<u> </u>			.  001.     15
Suite, Apt. #, etc.		Suite, Apt. #, etc. Tax Deot - 4th FL		01302008	Chg-P	CR2E034 (12/06)	
City & State		Montgomery, AL		4. FEI Num 63-12	ber <b>04105</b>	<del></del>	plied For
Zip	Country	Zip	Country			\$9.75	<del></del>
		36117	USA	5. Certificat	e of Status Desired	Fee Require	
	6. Name and Address of Current			7. Name ar	d Address of New R	egistered Agent	
CICORR	OPATION SYSTEM	Name					
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			Street A	ddress (P.O. Box Num	ber is Not Acceptable	9)	
LEANIAH	ON, 1 E 33324			,		•	
			City			FL Zip Code	<del> </del>
	named entity submits this statement follows of registered agent.	r the purpose of changing its re	egistered office o	r registered agent, or b	oth, in the State of Flo	<u></u>	and accept
ino obligar	or ogistored agent.						
SIGNATURE	Signature, typed or printed name of registered agent	and trile if applicable. (NOTE: F	Registered Agent signal	ture required when reinstating)		DATE	<del></del>
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.	9. Election Campaign Trust Fund Contrib	· · ·	\$5.00 May Be Added to Fees			
10.		1					
	OFFICERS AND	DIRECTORS	11.	ADDITION:	S/CHANGES TO OFF	ICERS AND DIRECTORS	S IN 11
TITLE NAME	OFFICERS AND PC MOORE, SARAH H	DIRECTORS  Delete	11. TITLE NAME	PC		ICERS AND DIRECTORS  Change	Addition
	PC		TITLE	_			
NAME	PC MOORE, SARAH H		TITLE NAME	PC Linda bree 100 Colonial	Bank Blw	<b>∑</b> Change	
NAME STREET ADDRESS CITY-ST-ZIP TITLE	PC MOORE, SARAH H ONE COMMERCE STREET MONTGOMERY, AL 36104 V		TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	PC Linda bree 100 Colonial Montgome	Rank Blud y, Al 361	<b>∑</b> Change	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	PC MOORE, SARAH H ONE COMMERCE STREET MONTGOMERY, AL 36104 V REIMER, DAVID	☐ Delate	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	PC Linda bree 100 Colonial Montgomen VP David Reim	Bank Blue y. Al 361	⊠Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE	PC MOORE, SARAH H ONE COMMERCE STREET MONTGOMERY, AL 36104 V REIMER, DAVID ONE COMMERCE STREET	☐ Delate	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	PC Linda bree 100 Colonial Montgomer VP David Reim 100 Colonal	Bank Blud y. Al 361 Bank Blud	© Change	Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 19, 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: DAVID Reimer	hn	Ihm	1/30/08	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRE	CTOR		Oate	Daytime Phone #