

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F07000001323

FILED
Dec 15, 2009
Secretary of State

Entity Name: RAM ASSET MANAGEMENT, INC.

Current Principal Place of Business:

1395 BRICKELL AVE.
MIAMI, FL 33131

New Principal Place of Business:

Current Mailing Address:

200 US ROUTE ONE, STE. 200
C/O RAM MANAGEMENT CO., INC.
SCARBOROUGH, ME 04074

New Mailing Address:

FEI Number: 01-0462959

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

CORPDIRECT AGENTS, INC.
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301 US

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: PATRICIA TADLOCK, VP

12/15/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPS () Delete
Name: GOLDENFARB, HOWARD A.
Address: 200 US ROUTE ONE, STE. 200
City-St-Zip: SCARBOROUGH, ME 04074

Title: VP () Delete
Name: GAGNE, BRIAN
Address: 200 US ROUTE ONE, STE. 200
City-St-Zip: SCARBOROUGH, ME 04074

Title: T () Delete
Name: LEEMAN, DENINE
Address: 200 US ROUTE ONE, STE. 200
City-St-Zip: SCARBOROUGH, ME 04074

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:

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: DENINE A LEEMAN

T

12/15/2009

Electronic Signature of Signing Officer or Director

Date