

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000003723

FILED  
Jan 16, 2008  
Secretary of State

Entity Name: LION ASSET MANAGEMENT COMPANY

## Current Principal Place of Business:

232 REGENT CT  
STATE COLLEGE, PA 16804

## New Principal Place of Business:

5550 W. EXECUTIVE DRIVE  
SUITE 310  
TAMPA, FL 33609

## Current Mailing Address:

6105 MEMORIAL HWY, SUITE C  
TAMPA, FL 33615

## New Mailing Address:

5550 W. EXECUTIVE DRIVE  
SUITE 310  
TAMPA, FL 33609

FEI Number: 25-1886639

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WEST, JOHN B  
16408 MILAN DE AVILA  
TAMPA, FL 33613 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: D ( ) Delete  
Name: WEST, JOHN B  
Address: 16408 MILAN DE AVILA  
City-St-Zip: TAMPA, FL 33613

Title: D ( ) Delete  
Name: WEST, MICHAEL K  
Address: 16408 MILAN DE AVILA  
City-St-Zip: TAMPA, FL 33613

Title: P ( ) Delete  
Name: DEFLURI, RICHARD  
Address: 232 REGENT CT  
City-St-Zip: STATE COLLEGE, PA 16804

## 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: JOHN B. WEST

MGR

01/16/2008

Electronic Signature of Signing Officer or Director

Date