

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000003723

FILED
Mar 06, 2009
Secretary of State

Entity Name: LION ASSET MANAGEMENT COMPANY

Current Principal Place of Business:

5550 W. EXECUTIVE DRIVE
SUITE 310
TAMPA, FL 33609

New Principal Place of Business:

Current Mailing Address:

5550 W. EXECUTIVE DRIVE
SUITE 310
TAMPA, FL 33609

New Mailing Address:

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 WEST

MR.

03/06/2009

Electronic Signature of Signing Officer or Director

_____ Date