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CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 31 AM 10:09

DOCUMENT # **F93000002145 (1)**

1. Corporation Name
TCW ASSET MANAGEMENT COMPANY

Principal Place of Business	Mailing Address
865 S. FIGUEROA ST., SUITE 1800 LOS ANGELES CA 90017-2543	865 S. FIGUEROA ST., SUITE 1800 LOS ANGELES CA 90017-2543

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 04/30/1993	3a. Date of Last Report: 06/30/1994
4. FEI Number: 95-2642764	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒	$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No	

2. Principal Place of Business (21)	2a. Mailing Address (26)
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)
City & State (23)	City & State (28)
Zip (24) / Country (25)	Zip (29) / Country (30)

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C	1.1 TITLE	☐ Change ☐ Addition
NAME	DAY, ROBERT A	1.2 NAME	
STREET ADDRESS	865 S. FIGUEROA ST., SUITE 1800	1.3 STREET ADDRESS	
CITY-ST-ZIP	LOS ANGELES CA 90017-2543	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	D/Exec. V.P., Fin. & Admin. ☐ Change ☒ Addition
NAME	ALBE, ALVIN R JR.	2.2 NAME	Albe, Alvin R., Jr.
STREET ADDRESS	865 S. FIGUEROA ST., SUITE 1800	2.3 STREET ADDRESS	865 S. Figueroa St., Suite 1800
CITY-ST-ZIP	LOS ANGELES CA 90017-2543	2.4 CITY-ST-ZIP	Los Angeles, CA 90017-2543
TITLE	SD	3.1 TITLE	S/M ☒ Change ☐ Addition
NAME	CAHILL, MICHAEL E	3.2 NAME	Cahill, Michael E.
STREET ADDRESS	865 S. FIGUEROA ST., SUITE 1800	3.3 STREET ADDRESS	865 S. Figueroa St., Suite 1800
CITY-ST-ZIP	LOS ANGELES CA 90017-2543	3.4 CITY-ST-ZIP	Los Angeles, CA 90017-2543
TITLE	P	4.1 TITLE	P ☐ Change ☒ Addition
NAME	LARKIN, THOMAS E JR.	4.2 NAME	Marks, Howard S.
STREET ADDRESS	865 S. FIGUEROA ST., SUITE 1800	4.3 STREET ADDRESS	865 S. Figueroa St., Suite 1800
CITY-ST-ZIP	LOS ANGELES CA 90017-2543	4.4 CITY-ST-ZIP	Los Angeles, CA 90017-2543
TITLE	VP	5.1 TITLE	Assist. V.P. ☐ Change ☒ Addition
NAME	TAYLOR, CATHRYN M	5.2 NAME	Mohan V. Phansalkar
STREET ADDRESS	865 S. FIGUEROA ST., SUITE 1800	5.3 STREET ADDRESS	865 S. Figueroa St., Suite 1800
CITY-ST-ZIP	LOS ANGELES CA 90017-2543	5.4 CITY-ST-ZIP	Los Angeles, CA 90017-2543
TITLE	T	6.1 TITLE	T/M ☐ Change ☒ Addition
NAME	SANDIE, DAVID K	6.2 NAME	Sandie, David K.
STREET ADDRESS	865 S. FIGUEROA ST., SUITE 1800	6.3 STREET ADDRESS	865 S. Figueroa St., Suite 1800
CITY-ST-ZIP	LOS ANGELES CA 90017-2543	6.4 CITY-ST-ZIP	Los Angeles, CA 90017-2543

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Mohan V. Phansalkar 1/23/95 (213) 244-0673
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #
Mohan V. Phansalkar, Assistant Vice President

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