

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F93000002145 (1)

1. Corporation Name

TCW ASSET MANAGEMENT COMPANY



Principal Place of Business

**865 S. FIGUEROA ST., SUITE 1800
LOS ANGELES CA 90017-2543**

Mailing Address

**865 S. FIGUEROA ST., SUITE 1800
LOS ANGELES CA 90017-2543**

3. Date Incorporated or Qualified

04/30/1993

3a. Date of Last Report

01/31/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

95-2642764

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00 May Be Added to Fees**

23 Zip

Country

28 Zip

Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

| | | |
|----------------|---------------------------------|---------------------------------|
| TITLE | C | <input type="checkbox"/> DELETE |
| NAME | DAY, ROBERT A | |
| STREET ADDRESS | 865 S. FIGUEROA ST., SUITE 1800 | |
| CITY-ST-ZIP | LOS ANGELES CA 90017-2543 | |
| TITLE | DEVP | <input type="checkbox"/> DELETE |
| NAME | ALBE, ALVIN R JR. | |
| STREET ADDRESS | 865 S. FIGUEROA ST., SUITE 1800 | |
| CITY-ST-ZIP | LOS ANGELES CA | |
| TITLE | SM | <input type="checkbox"/> DELETE |
| NAME | CAHILL, MICHAEL E | |
| STREET ADDRESS | 865 S. FIGUEROA ST., SUITE 1800 | |
| CITY-ST-ZIP | LOS ANGELES CA | |
| TITLE | P | <input type="checkbox"/> DELETE |
| NAME | LARKIN, THOMAS E JR. | |
| STREET ADDRESS | 865 S. FIGUEROA ST., SUITE 1800 | |
| CITY-ST-ZIP | LOS ANGELES CA 90017-2543 | |
| TITLE | AVP | <input type="checkbox"/> DELETE |
| NAME | TAYLOR, CATHRYN M | |
| STREET ADDRESS | 865 S. FIGUEROA ST., SUITE 1800 | |
| CITY-ST-ZIP | LOS ANGELES CA | |
| TITLE | TM | <input type="checkbox"/> DELETE |
| NAME | SANDIE, DAVID K | |
| STREET ADDRESS | 865 S. FIGUEROA ST., SUITE 1800 | |
| CITY-ST-ZIP | LOS ANGELES CA | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|--|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | |
| 4.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | Director/Vice Chairman |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |
| 5.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | V.P. & Assoc. Gen. Counsel |
| 5.3 STREET ADDRESS | Mohan V. Phansalkar |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 CITY-ST-ZIP | |

800001789738
04/23/96-01001-020
*****200.00**

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, and 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

4/17/96

(213) 244-0000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day/Time Phone #

CR2E034 (12/95)