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PROFIT CORPORATION ANNUAL REPORT



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

1996

I. Corporation Name	# F94000004984	(U

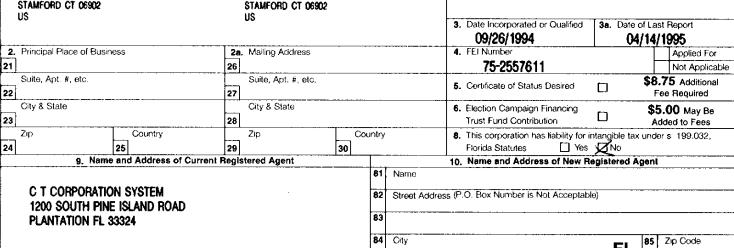
NFJ MANAGEMENT INC.

rincipal	Place of Business	Ma

2187 ATLANTIC ST., 7TH FL STAMFORD CT 06902

iiling Address

2187 ATLANTIC ST., 7TH FL STAMFORD CT 06902



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 registerud agont and title if applicable (NOTE: Registered Agent agreeture required when reinstating) DATE								
12.	OFFICERS AND DIREC	IORS	13.	ADDITIONS/CHANGES TO	OFFICERS AND DIRECTORS IN 12			
TITLE	CD	☐ DELETE	1 1 TITLE	COMD	Change Addition			
NAME	NAJORK, CHRIS		1.2 NAME	Hazok, Chies	o si tara			
STREET ADDRESS	840 NEWPORT CENTER DR		13 STREET ADDRESS	800 Newport Center	Dr. Jan4 100			
CITY - ST - ZIP	NEWPORT BEACH CA		1.4 CITY - ST - ZIP	Newpor Beach	CA 92668			
TITLE	D	☐ DELETE	2 1 TITLE	o mo	☐ Change ☐ Addition			
NAME	FISCHER, BEN J		2 2 NAME	FISCHER, BEN J	= 0 A SULLE 195			
STREET ADDRESS	840 NEWPORT CENTER DR		2 3 STREET ADDRESS	800 Newper CENT	Ex Dr Good Too			
CITY-ST-ZIP	NEWPORT BEACH CA		2 4 CITY-ST-ZIP	Newport Beach	CA 90460			
TITLE	S	□ DELETE	3. 1 TITLE		☐ Change ☐ Addition			
NAME	SCHOTT, NEWTON B JR		3 2 NAME					
STREET ADDRESS	2187 ATLANTIC ST., 7TH FL		3 3. STREET ADDRESS					
CITY-ST-ZIP	STAMFORD CT		3 4 CITY - ST - 7IP					

DELETE TITLE 4.1 TITLE Change Addition ROSERT ON FITZGERALO NAME GIRVAN, BRIAN J 4.2 NAME 800 Newport CENTER OR STREET ADDRESS 2187 ATLANTIC ST., 7TH FL 4.3 STREET ADDRESS Newport Bend (4 92640 STAMFORD CT CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE S TITLE 5 1 TILLE MOZHHOE 17 HOZ JOHNSON, JOHN NAME 5.2 NAME 000 NEW PORT CENTER DI JUTE 100 STREET ADDRESS 840 NEWPORT CENTER DR 5.3 STREET ADDRESS Hougear NEWPORT BCH CA Bench CA 92460 CITY-ST-ZIP 5.4 CITY - ST- ZIP 45AT ☐ DELETE TITLE Change Addition ast 6 1 TITLE MITCHELL, MICHELLE MHCHELL NAME 6.2 NAME MICHELLE

NEWPORT BEACH CA

6.4 CITY-ST-ZIP

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 cath; 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

6.3 STREET ADDRESS

STREET ADDRESS

840 NEWPORT CENTER DR

800 HOW PORT CONTER Dr. July 100

Daytime Phone #