

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

**CORPORATION
ANNUAL REPORT
1995**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR 14 PM 3: 33

DOCUMENT # F94000004985 (7)

1. Corporation Name

PIMCO MANAGEMENT INC.

Principal Place of Business

**ONE STATION PLACE, 7TH FLOOR
STAMFORD CT 06902**

Mailing Address

**ONE STATION PLACE, 7TH FLOOR
STAMFORD CT 06902**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

09/26/1994

3a. Date of Last Report

2. Principal Place of Business

21 2187 Atlantic St.,

2a. Mailing Address

26 2187 Atlantic St.,

4. FEI Number

33-0630865

Applied For

Not Applicable

Suite, Apt. #, etc.

22 7th Floor

Suite, Apt. #, etc.

27 7th Floor

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

City & State

23 Stamford, CT

City & State

28 Stamford, CT

6. Election Campaign Financing
Trust Fund Contribution

**\$5.00 May Be
Added to Fees**

Zip

Country

24 06902

Zip

Country

29 06902

30

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes Yes No

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL

B5 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 registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **CD**
NAME **SMITH, IRWIN F**
STREET ADDRESS **ONE STATION PLACE, 7TH FLOOR**
CITY-ST-ZIP **STAMFORD CT 06902**

1.1 TITLE **CEO & Director** Change Addition
1.2 NAME **William S. Thompson**
1.3 STREET ADDRESS **840 Newport Center Dr., Newport Bch, CA**
1.4 CITY-ST-ZIP **92660**

TITLE **PD**
NAME **PRINDVILLE, ROBERT A**
STREET ADDRESS **ONE STATION PLACE, 7TH FLOOR**
CITY-ST-ZIP **STAMFORD CT 06902**

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **S**
NAME **SCHOTT, NEWTON B JR**
STREET ADDRESS **ONE STATION PLACE, 7TH FLOOR**
CITY-ST-ZIP **STAMFORD CT 06902**

3.1 TITLE Change Addition
3.2 NAME **S.**
3.3 STREET ADDRESS **Schott, Newton B., Jr.**
3.4 CITY-ST-ZIP **2187 Atlantic St., 7th Floor
Stamford, CT 06902**

TITLE **T**
NAME **GIRVAN, BRIAN J**
STREET ADDRESS **ONE STATION PLACE, 7TH FLOOR**
CITY-ST-ZIP **STAMFORD CT 06902**

4.1 TITLE Change Addition
4.2 NAME **T.**
4.3 STREET ADDRESS **Girvan, Brian J.**
4.4 CITY-ST-ZIP **2187 Atlantic St., 7th Floor
Stamford, CT 06902**

TITLE **AS**
NAME **NEWMAN, SAMUEL C**
STREET ADDRESS **ONE STATION PLACE, 7TH FLOOR**
CITY-ST-ZIP **STAMFORD CT 06902**

5.1 TITLE Change Addition
5.2 NAME **Assistant Sec. & asst. Treasurer**
5.3 STREET ADDRESS **Ernest L. Schmider**
5.4 CITY-ST-ZIP **840 Newport Center Dr., Newport Bch, CA
92660**

TITLE **AT**
NAME **RYDER, THOMAS G**
STREET ADDRESS **ONE STATION PLACE, 7TH FLOOR**
CITY-ST-ZIP **STAMFORD CT 06902**

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS **SEE ATTACHED LIST FOR DIRECTORS**
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 under Section 199.032, 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 an add attachment with an address.

SIGNATURE: *Newton B. Schott, Jr.*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Newton B. Schott, Jr. (Secretary)

4/7/95 (203) 352-4900
Date (Telephone Number)

F9400000 4985

**DIRECTORS OF:
PIMCO MANAGEMENT INC.**

<u>NAME</u>	<u>TITLE</u>	<u>ADDRESS</u>
PODLICH, III WILLIAM F.	MD	840 NEWPORT CENTER DR., NEWPORT BCH CA 92660
✓ THOMPSON, WILLIAM S.	CEO & MD	840 NEWPORT CENTER DR., NEWPORT BCH CA 92660
EDINGTON, DAVID H.	MD	840 NEWPORT CENTER DR., NEWPORT BCH CA 92660
GROSS, WILLIAM H.	MD	840 NEWPORT CENTER DR., NEWPORT BCH CA 92660
MEILING, DEAN S.	MD	840 NEWPORT CENTER DR., NEWPORT BCH CA 92660
MUZZY, JAMES F.	MD	840 NEWPORT CENTER DR., NEWPORT BCH CA 92660
HARRIS, BRENT R.	MD	840 NEWPORT CENTER DR., NEWPORT BCH CA 92660
POWERS, WILLIAM C.	MD	840 NEWPORT CENTER DR., NEWPORT BCH CA 92660
HAGUE, JOHN L.	MD	840 NEWPORT CENTER DR., NEWPORT BCH CA 92660
EDINGTON, DAVID H.	MD	840 NEWPORT CENTER DR., NEWPORT BCH CA 92660
RABINOVICH, FRANK B.	MD	840 NEWPORT CENTER DR., NEWPORT BCH CA 92660