2060 UNIFORM BUSINESS REPORT (UBR)

of the corporation or the receiver or trastee changed, or on an attachment with an

FILED DOCUMENT # F95000006125 Jul 18, 2000 8:00 am 1. Entity Name **Secrétary of State** NICHOLAS-APPLEGATE CAPITAL MANAGEMENT HOLDINGS, 07-18-2000 90014 033 ***550.00 Principal Place of Business Mailing Address 600 WEST BROADWAY, 30TH FLOOR 600 WEST BROADWAY, 30TH FLOOR SAN DIEGO CA 92101 SAN DIEGO CA 92101 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number 33-0660437 Not Applicable Zip \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent -- - 7. Name and Address of New Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 Zip Code 8. 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$550.00 10. Election Campaign Financing \$5.00 May Be After SEPTEMBER 13, 2000 Min. will be \$750.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PD TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME NICHOLAS, ARTHUR E NAME STREET ADDRESS 600 WEST BROADWAY, SUITE 2900 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SAN DIEGO CA 92101 Change Addition TITLE ☐ Delete TITLE NAME MOORE, E. B JR STREET ADDRESS 600 WEST BROADWAY, SUITE 2900 STREET ADDRESS CITY-ST-ZIP SAN DIEGO CA 92101 CITY-ST-ZIP TITLE COO Defete - -Change -☐ Addition TITLE MCDONNELL, JOHN NAME NAME STREET ADDRESS STREET ADDRESS 600 W BROADWAY STE 2900 CITY-ST-ZIP CITY-ST-ZIP SAN DIEGO CA 92101 CFO ☐ Delete TITLE Change ☐ Addition TITLE MAHER, C W NAME NAME STREET ADDRESS STREET ADDRESS 600 W BROADWAY STE 2900 CITY-ST-ZIP CITY-ST-ZIP SAN DIEGO CA 92101 TITLE Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition TITI F TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 his report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if