## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Jan 10, 2006 8:00 am Secretary of State

| DOCUMENT # F9600004532  1. Entity Name INTERNATIONAL AMERICAN MANAGEMENT COMPANY |   |   |                |  |              | 01-10-2006 90026 033 ***150.00         |                       |              |                            |             |
|--|---|---|----------------|--|--------------|--|-----------------------|--------------|----------------------------|-------------|
| Principal Place of Business Mailing Address                                      |   |   |                |  |              |  |                       |              | <b>50 and</b> (as          |             |
| 3501 SILVERSIDE RD<br>203 NAAMANS BLDG<br>WILMINGTON, DE 19810 US                |   | 3501 SILVERSIDE RD<br>203 NAAMANS BLDG<br>WILMINGTON, DE 19810 US |                |  |              | - 111111111111111111111111111111111111 |                       |              |                            |             |
| 2. Principal Pl  | ace of Business   | 3. Mailing Address  |                |  |              |  |                       |              |                            |             |
| Suite, Apt. #, etc.  |   | Suite, Apt. #, etc.   |                |  |              | 01052006                               | Chg-P                 | CR2E0        | 34 (11/05)                 |             |
| City & State   |   | City & State  |                |  |              | 4. FEI Number<br>51-0376785            |                       |              | Applied For Not Applicable |             |
| Zip<br>  | Country   | Zip   | Coun           | try  |              | <u> </u>                               | of Status Desired     |              | \$8.75 Add<br>Fee Required |             |
|  | 6. Name and Address of Currer                                 | nt Registered Agent   |                | Name   |              | 7. Name and                            | Address of New I      | Registered . | Agent                      |             |
| C T CORPORATION SYSTEM   |   |   |                | Name   |              |  |                       |              |                            |             |
| 1200 SOUTH PINE ISLAND ROAD<br>PLANTATION, FL 33324                              |   |   |                | Street Address (P.O. Box Number is Not Acceptable) |              |  |                       |              |                            |             |
|  |   |   |                | City   | _            |  |                       | FL           | Zip Code                   | <del></del> |
|  |   | <del>, , , , , , , , , , , , , , , , , , , </del>                 | <del></del>    | l  |              |  |                       |              | <del></del>                |             |
|  | named entity submits this statement ions of registered agent. | for the purpose of changing                                       | its register   | ed office or                                       | register     | ed agent, or bot                       | n, in the State of Fi | lorida. I am | ramınar witn.              | and accept  |
|  | ,   |   |                |  |              |  |                       |              |                            |             |
| SIGNATURE_   | Signature, typed or printed name of registered age            | ent and title if applicable. (N                                   | OTE: Registere | d Agent signati                                    | ure required | when reinstating)                      |                       | DATE         | _                          |             |
|  | E NOW!!! FEE IS \$150.00<br>ay 1, 2006 Fee will be \$550      | 9. Election Camp  |                | ncing  |              | .00 May Be<br>led to Fees              |                       |              |                            |             |
| 10. OFFICERS AND DIRECTORS 11  |   |   |                |  |              | ADDITIONS/                             | CHANGES TO OF         | EICERS AND   | DIRECTOR                   | 2 IN 11     |
| TITLE  | PCEO  | □ Delete  | TITL           | <br>E  | T            | , and a state of                       | 011/44/02/01/01/01/01 | TOLIO AIT    | ☐ Change                   | Addition    |
| NAME   | DAVIS, MORGAN W   |   | NAM            |  |              |  |                       |              |                            |             |
| STREET ADDRESS   | ODRESS 3501 SILVERSIDE RD 203 NAAMANS BLDG.                   |   |                | EET ADDRESS  |              |  |                       |              |                            |             |
| CITY-ST-ZIP  | P WILMINGTON, DE 19810  |   |                | -ST-ZIP  |              |  |                       |              |                            |             |
| TITLE  | AVP   | ☐ Delete  | TITL           | Ε  | VP,          | Control1                               | er & Trea             | surer        | <b>XX</b> Change           | Addition    |
| NAME   | SCULLY, CAROLYN   |   |                |  |              |  |                       |              |                            |             |
| STREET ADDRESS<br>CITY+ST+ZIP  | 3501 SILVERSIDE RD 203 NA<br>WILMINGTON, DE 19810             | AMANS BLDG  |                | EET ADDRESS<br>'+ST+ZIP                            |              |  |                       |              |                            |             |
| TITLE  | EVP   | <b>XX</b> Delete  | TITL           |  |              |  |                       |              | ☐ Change                   | Addition    |
| NAME   | YOUSSEF, SHAKER   | A_AUSICIA   | NAN            |  |              |  |                       |              | or:ange                    | ☐ Vocation  |
| STREET ADDRESS   | 1   |   |                | EET ADDRESS  |              |  |                       |              |                            |             |
| CITY-ST-ZIP  | WILMINGTON, DE 19810  |   | ידום .         | (-ST-ZIP   |              |  |                       |              |                            |             |
| TITLE  | VPS   | ☐ Delete  | TITL           |  | COO          | & Secret                               | ary                   |              | XX Change                  | Addition    |
| NAME   | PETRELLIS, LUANN M  | AMANO DI DO   | NAA<br>OZO     |  | ļ            |  | •                     |              |                            |             |
| STREET ADDRESS<br>CITY-ST-ZIP  | 3501 SILVERSIDE RD 203 NA<br>WILMINGTON, DE 19803             | AMANS BLDG  |                | eet address<br>(+St-ZIP                            |              |  |                       |              |                            |             |
| TITLE  | D D   | Delete  | TITL           |  |              | -                                      |                       |              | Change                     | ☐ Addition  |
| NAME   | EMEIGH, DONALD A JR   | C) Delete   | NAA            |  |              |  |                       |              | ட) பாவி                    |             |
| STREET ADDRESS   | ONE LIBERTY PLAZA, 19TH F                                     | FLOOR   |                | EET ADDRESS  |              |  |                       |              |                            |             |
| CITY-ST-ZIP  | NEW YORK, NY 10006  |   | CITY           | f-ST-ZIP   |              |  |                       |              |                            |             |
| TITLE  |   | ☐ Delete  | тіп            | .E   | 1            | ector                                  |                       |              | ☐ Change                   | K Addition  |
| NAME   |   |   | NAX            |  | Wil          | lson, Dar                              | iel J.                |              |                            |             |
| STREET ADDRESS CITY-ST-ZIP   |   |   |                | eet adoress<br>Y-ST-ZIP                            |              | Liberty York                           | · Plaza<br>lew York l | 0006         |                            |             |
| J  | 1   |   |                |  | 4 T          |  | I                     |              |                            |             |

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signalure 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED ORPRINTED NAME OF SIGNING OFFICER OF CHRECTOR
TOLYN A. SCHILLY - VP. CONTROLLER & Treasurer

1/5/06 Dale (302) 479-2100

Daytime Phone #