

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2001 8:00 am
Secretary of State

05-22-2001 90009 029 ***150.00

DOCUMENT # **F99000004426** ✓
 1. Entity Name
 Chase Alternative Asset Management, Inc.

Principal Place of Business Mailing Address
 1211 Avenue of the Americas 1211 Avenue of the Americas
 42nd Floor 42nd Floor
 New York, NY 10036 New York, NY 10036

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2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State

DO NOT WRITE IN THIS SPACE

Zip Country Zip Country

4. FEI Number **13-3414427**
 Applied For Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT Corporation System
 1200 South Pine Island Road
 Plantation, FL 33324

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** 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 Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P/D	<input type="checkbox"/> Delete
NAME	Joel Katzman	
STREET ADDRESS	3200 Shore Drive	
CITY-ST-ZIP	Merrick, NY 11566	
TITLE	V	<input type="checkbox"/> Delete
NAME	Scott Stein	
STREET ADDRESS	245 East 24th Street	
CITY-ST-ZIP	New York, NY 10010	
TITLE	V/T	<input type="checkbox"/> Delete
NAME	Francis Giorgio	
STREET ADDRESS	19 Donald Drive	
CITY-ST-ZIP	Syosset, NY 11791	
TITLE	M/D	<input type="checkbox"/> Delete
NAME	Michele Gagne Kinner	
STREET ADDRESS	179 Park Avenue	
CITY-ST-ZIP	Greenwich, CT 06830	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Sandra Sojka	
STREET ADDRESS	3 Woodland Ave	
CITY-ST-ZIP	Matawan, NJ 07747	
TITLE	C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	John M.B. O'Connor	
STREET ADDRESS	580 Park Avenue, Apt 4C	
CITY-ST-ZIP	New York, NY 10021	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E034 (11/00)

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 this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(212) 789-5782
Date Daytime Phone #