

2004 FOR PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Apr 12, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # J25187

1. Entity Name  
CONTINENTAL ASSET MANAGEMENT, INC.



Principal Place of Business  
15 VALLEY DR.  
STE 300  
GREENWICH, CT 06831

Mailing Address  
15 VALLEY DR.  
STE 300  
GREENWICH, CT 06831

**DO NOT WRITE IN THIS SPACE**



01202004 No Chg-P CR2E034 (10/03)

4. FBI Number 65-0382825	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301

**DO NOT WRITE  
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reconstating)

DATE

FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	C
NAME	KARLTON, JOHN S
STREET ADDRESS	15 VALLEY DR.
CITY-ST-ZIP	GREENWICH, CT 06831

TITLE	P
NAME	RESTIFO, PHIL
STREET ADDRESS	15 VALLEY DR.
CITY-ST-ZIP	GREENWICH, CT 06831

TITLE	EVPS
NAME	LIPKINS, STEPHEN P
STREET ADDRESS	15 VALLEY DRIVE
CITY-ST-ZIP	GREENWICH, CT 06831

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U000000109137  
04/12/04-80031-011 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 10 or Block 11 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

Stephen P. Lipkins  
EXE. V.P.

4-7-04

Date

203-629-5333

Daytime Phone #