2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M01000002143

1. Entity Name
PFM Asset Management LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 SEP 25 PM 9:43

Principal Place of Business	Mailing Address
Keystone Plaza Front & Market Harrisburg, PA 17101	Two Logan Sq 16th FL 18th & Arch Sts Phila. PA 19103

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

DO NOT WRITE IN THIS SPACE

4. FEI Number 23-3087064 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
Corporation Service Co. 1201 Hays St. Tallahassee, FL 32301	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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS			10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Managing Member F. John White Two Logan Sq, 18th & Arch Sts Phila. PA 19103	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Managing Member Martin Margolis One Keystone Plaza Front & Market Harrisburg, PA 17101	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 100004616251--6 09/28/01--01049--013
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Managing Member Deborah Goodnight One Keystone Pl. Front & Market Harrisburg, PA 17101	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	*****50.00 ☐ Change ☐ Addition *****50.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Managing Member Stephen Boyle Two Logan Sq 18th & Arch Sts. Phila. PA 19103	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E083 (11/00)

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Stephen Boyle Stephen Boyle 9/18/01 215/567-6100