2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 14, 2005 08:00 AM
Secretary of State

DOCUMENT # M01000002143

1. Entity Name
PFM ASSET MANAGEMENT LLC

Principal Place of Business	Mailing Address
ONE KEYSTONE PLAZA 300 HARRISBURG, PA 17101	TWO LOGAN SQUARE 18TH & ARCH STREETS, SUITE 1600 PHILADELPHIA, PA 19103

01122005No Chg-LLC CR2E083 (10/03)

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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	WHITE, F. JOHN
STREET ADDRESS	TWO LOGAN SQUARE, 18TH ARCH ST
CITY-ST-ZIP	PHILADELPHIA, PA 19103
TITLE	MGR
NAME	MARGOLIS, MARTIN
STREET ADDRESS	ONE KEYSTONE PLAZA #300
CITY-ST-ZIP	HARRISBURG, PA 17101
TITLE	MGR
NAME	GOODNIGHT, DEBORAH
STREET ADDRESS	ONE KEYSTONE PLAZA #300
CITY-ST-ZIP	HARRISBURG, PA 17101
TITLE	MGR
NAME	BOYLE, STEPHEN
STREET ADDRESS	TWO LOGAN SQUARE, 18TH ARCH ST
CITY-ST-ZIP	PHILADELPHIA, PA 19103
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 01/12/05 215-567-6100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #