2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 13, 2009
Secretary of State

DOCUMENT# M01000002143

Entity Name: PFM ASSET MANAGEMENT LLC

Current Principal Place of Business:

ONE KEYSTONE PLAZA
300
HARRISBURG, PA 17101

New Principal Place of Business:

Current Mailing Address:

TWO LOGAN SQUARE
18TH & ARCH STREETS, SUITE 1600
PHILADELPHIA, PA 19103

New Mailing Address:

TWO LOGAN SQUARE, #1600
ATTN COMPLIANCE MANAGER
PHILADELPHIA, PA 19103

FEI Number: 23-3087064 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title:	MGR	( ) Delete
Name:	WHITE, F. JOHN	
Address:	TWO LOGAN SQUARE, 18TH ARCH ST	
City-St-Zip:	PHILADELPHIA, PA 19103	
Title:	MGR	( ) Delete
Name:	MARGOLIS, MARTIN	
Address:	ONE KEYSTONE PLAZA #300	
City-St-Zip:	HARRISBURG, PA 17101	
Title:	MGR	( ) Delete
Name:	GOODNIGHT, DEBORAH	
Address:	ONE KEYSTONE PLAZA #300	
City-St-Zip:	HARRISBURG, PA 17101	
Title:	MGR	( ) Delete
Name:	BOYLE, STEPHEN	
Address:	TWO LOGAN SQUARE, 18TH ARCH ST	
City-St-Zip:	PHILADELPHIA, PA 19103	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: STEVEN BOYLE MGR 01/13/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date