

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08645

FILED
Feb 25, 2004
Secretary of State**Entity Name:** AMERICAN MANAGEMENT ASSOCIATION INTERNATIONAL, INC.**Current Principal Place of Business:**ATTN JOHN KNOX
P O BOX 319
SARANAC LAKE, NY 12983 US**New Principal Place of Business:****Current Mailing Address:**ATTN JOHN KNOX
P O BOX 319
SARANAC LAKE, NY 12983 US**New Mailing Address:****FEI Number:** 23-7259445**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**UNITED STATES CORPORATION COMPANY
1201 HAYES ST
SUITE 105
TALLAHASSEE, FL 32301 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

OFFICERS AND DIRECTORS:**Title:** D () Delete
Name: PASQUALE, MICHAEL F.,
Address: 14 E. CHOCOLATE AVE.
City-St-Zip: HERSEY, PA 17033**Title:** PCEO () Delete
Name: REILLY, EDWARD
Address: 1601 BROADWAY
City-St-Zip: NEW YORK, NY 10019**Title:** D () Delete
Name: CALAMITA, FRANK
Address: 550 MADISON AVE.
City-St-Zip: NEW YORK, NY 10022**Title:** D () Delete
Name: SLATE, WILLIAM K II
Address: 335 MADISON AVE
City-St-Zip: NEW YORK, NY 100174605**Title:** VP () Delete
Name: LINT, WILLIAM A
Address: TRUDEAU RD
City-St-Zip: SARANAC LAKE, NY 12983**Title:** S () Delete
Name: LEVY, ARTHUR J
Address: 1601 BROADWAY
City-St-Zip: NEW YORK, NY 10019**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****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:**Title:** VP (X) Change () Addition
Name: LIBERTY, CATHERINE M
Address: TRUDEAU RD
City-St-Zip: SARANAC LAKE, NY 12983**Title:** () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CATHERINE M LIBERTY

MRS

02/25/2004

Electronic Signature of Signing Officer or Director

Date