

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Aug 11 1998 8:00am
Secretary of State

0112401

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P16642 (1)
1. Corporation Name
CHASE ALTERNATIVE ASSET MANAGEMENT, INC.

Principal Place of Business
2 CHASE MANHATTAN PLAZA
24TH FLOOR
NEW YORK NY 10081

Mailing Address
2 CHASE MANHATTAN PLAZA
24TH FLOOR
NEW YORK NY 10081

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 1211 Avenue of the Americas		26 1211 Avenue of the Americas		11/02/1987	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22 32nd Floor		27 32nd Floor		13-3414427	
City & State		City & State		Applied For	
23 New York NY		28 New York NY		Not Applicable	
Zip		Zip		5. Certificate of Status Desired	
24 10036		29 10036		<input type="checkbox"/> \$8.75 Additional Fee Required	
Country		Country		6. Election Campaign Financing	
25 USA		30 USA		Trust Fund Contribution	
				<input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	
				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
CT CORPORATION SYSTEM
680 EAST JEFFERSON STREET
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

11. Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	STEIN, SCOTT E	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	CEO, President, Director	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME				1.2 NAME	Joel Katzman		
STREET ADDRESS		2 CHASE MANHATTAN PLAZA		1.3 STREET ADDRESS	1211 Avenue of the Americas		
CITY-ST-ZIP		NEW YORK NY 10081		1.4 CITY-ST-ZIP	New York, NY 10036		
TITLE	VP	SOJKA, SANDRA	<input type="checkbox"/> DELETE	2.1 TITLE	VP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				2.2 NAME	Sandra Sojka		
STREET ADDRESS		600 5TH AVE. - 4TH FLOOR		2.3 STREET ADDRESS	1211 Avenue of the Americas		
CITY-ST-ZIP		NEW YORK NY 10020		2.4 CITY-ST-ZIP	New York, NY 10036		
TITLE	S	ROSENTHAL, JOANNE D	<input type="checkbox"/> DELETE	3.1 TITLE	VP, Sec.	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				3.2 NAME	Joanne D. Rosenthal		
STREET ADDRESS		2 CHASE MANHATTAN PLAZA		3.3 STREET ADDRESS	1211 Avenue of the Americas		
CITY-ST-ZIP		NEW YORK NY 10081		3.4 CITY-ST-ZIP	New York, NY 10036		
TITLE	TD	GIORGIO, FRANK	<input type="checkbox"/> DELETE	4.1 TITLE	TD, VP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				4.2 NAME	Frank Giorgio		
STREET ADDRESS		2 CHASE MANHATTAN PLAZA		4.3 STREET ADDRESS	1211 Avenue of the Americas		
CITY-ST-ZIP		NEW YORK NY 10081		4.4 CITY-ST-ZIP	New York, NY 10036		
TITLE			<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE			<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

CR2F074 (5/98)