

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**

**May 12 1997 8:00am  
Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1997**



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

**DOCUMENT # P22078 (0)**  
1. Corporation Name  
**CHRYSLER ASSET MANAGEMENT CORPORATION**



Principal Place of Business: **225 HIGH RIDGE RD STAMFORD CT 06905**  
Mailing Address: **225 HIGH RIDGE RD STAMFORD CT 06905-3000**

3. Date Incorporated or Qualified: **12/13/1988**  
3a. Date of Last Report: **05/21/1996**

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-headers for Suite, City, State, Zip, and Country.  
4. FEI Number: **06-1213913**  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent: **CT CORPORATION SYSTEM, 1200 S. PINE ISLAND ROAD, PLANTATION FL 33324**  
10. Name and Address of New Registered Agent (81-85) fields for Name, Street Address, City, State (FL), and 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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: <b>PD</b>	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>BISHOP, WILLIAM S</b>		1.2 NAME	
STREET ADDRESS: <b>26 CEDARWOOD DR #1</b>		1.3 STREET ADDRESS	
CITY-ST-ZIP: <b>GREENWICH CT</b>		1.4 CITY-ST-ZIP	
TITLE: <b>V</b>	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>JAMES, JOHN W.</b>		2.2 NAME	
STREET ADDRESS: <b>19 ST. GEORGE LANE</b>		2.3 STREET ADDRESS	
CITY-ST-ZIP: <b>NEW CANAAN CT</b>		2.4 CITY-ST-ZIP	
TITLE: <b>VC</b>	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>PETERSON, MICHAEL O</b>		3.2 NAME	
STREET ADDRESS: <b>55 MARLBOROUGH RD</b>		3.3 STREET ADDRESS	
CITY-ST-ZIP: <b>NO HAVEN CT</b>		3.4 CITY-ST-ZIP	
TITLE: <b>VS</b>	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>COZART, RICHARD M.</b>		4.2 NAME	
STREET ADDRESS: <b>8 LAURELWOOD DRIVE</b>		4.3 STREET ADDRESS	
CITY-ST-ZIP: <b>NEW FAIRFIELD CT</b>		4.4 CITY-ST-ZIP	
TITLE: <b>DV</b>	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>NEPTUNE, RICHARD G.</b>		5.2 NAME	
STREET ADDRESS: <b>225 HIGH RIDGE RD.</b>		5.3 STREET ADDRESS	
CITY-ST-ZIP: <b>STAMFORD CT</b>		5.4 CITY-ST-ZIP	
TITLE: <b>AT</b>	<input type="checkbox"/> DELETE	6.1 TITLE: <b>TREASURER</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>SIMMONS, RUBEN</b>		6.2 NAME	
STREET ADDRESS: <b>225 HIGH RIDGE RD</b>		6.3 STREET ADDRESS	
CITY-ST-ZIP: <b>STAMFORD CT</b>		6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE: Ruben Simmons APR 30 1997 203 95 200  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)