

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P22078**

1. Entity Name

CHRYSLER ASSET MANAGEMENT CORPORATION**FILED**
May 31, 2000 8:00 am
Secretary of State

05-31-2000 90077 025 ***150.00

Principal Place of Business

Mailing Address

225 HIGH RIDGE RD
STAMFORD CT 06905225 HIGH RIDGE RD
STAMFORD CT 06905-3000

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

06-1213913

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so. ☐
(See criteria on back)**FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME BISHOP, WILLIAM S
STREET ADDRESS 26 CEDARWOOD DR #1
CITY-ST-ZIP GREENWICH CT ☐ DeleteTITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIPTITLE VC
NAME PETERSON, MICHAEL O
STREET ADDRESS 55 MARLBOROUGH RD
CITY-ST-ZIP NO HAVEN CT ☐ DeleteTITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIPTITLE VS
NAME COZART, RICHARD M.
STREET ADDRESS 6 LAURELWOOD DRIVE
CITY-ST-ZIP NEW FAIRFIELD CT ☐ DeleteTITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIPTITLE DV
NAME NEPTUNE, RICHARD G.
STREET ADDRESS 225 HIGH RIDGE RD.
CITY-ST-ZIP STAMFORD CT ☐ DeleteTITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIPTITLE T
NAME SIMMONS, RUBEN
STREET ADDRESS 225 HIGH RIDGE RD
CITY-ST-ZIP STAMFORD CT ☐ DeleteTITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

13. 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 or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CF 0014 (9/99)