SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
'95 AUG -7 AM 11:13
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **P39995** **(6)**

1. Corporation Name
ASIAN AMERICAN MANAGERS, INC.

Principal Place of Business	Mailing Address
1001 WASHINGTON ST. CONSHOHOCKEN PA 19428 US	1001 WASHINGTON ST. CONSHOHOCKEN PA 19428 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **07/31/1992**
3a. Date of Last Report: **07/08/1994**

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22) (27)
City & State (23) (28)
Zip (24) County (25) Zip (29) County (30)

4. FEI Number: **23-2559737** ☐ Applied For ☐ Not Applicable

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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DC	11 TITLE	☐ Change ☐ Addition
NAME	BURCH, ROBERT L.	12 NAME	
STREET ADDRESS	1001 WASHINGTON ST.	13 STREET ADDRESS	
CITY-ST-ZIP	CONSHOHOCKEN PA	14 CITY-ST-ZIP	
TITLE	PD	21 TITLE	☐ Change ☐ Addition
NAME	BURCH, J. CHRISTOPHER	22 NAME	
STREET ADDRESS	1001 WASHINGTON ST.	23 STREET ADDRESS	
CITY-ST-ZIP	CONSHOHOCKEN PA	24 CITY-ST-ZIP	
TITLE	V	31 TITLE	☐ Change ☐ Addition
NAME	GORGE, DANIEL J.	32 NAME	
STREET ADDRESS	1001 WASHINGTON ST.	33 STREET ADDRESS	
CITY-ST-ZIP	CONSHOHOCKEN PA	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	DUNN, LYDIA	42 NAME	
STREET ADDRESS	9 CONNAUGHT RD.	43 STREET ADDRESS	
CITY-ST-ZIP	CENTRAL, HONG KONG	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☒ Change ☐ Addition
NAME	KILGOUR, PETER A.	52 NAME	D Michael R Scantlebury
STREET ADDRESS	9 CONNAUGHT RD.	53 STREET ADDRESS	9 Connaught Rd
CITY-ST-ZIP	CENTRAL, HONG KONG	54 CITY-ST-ZIP	Central Hong Kong
TITLE	S	61 TITLE	☐ Change ☐ Addition
NAME	SIBILIA, MICHAEL E.	62 NAME	
STREET ADDRESS	1001 WASHINGTON STREET	63 STREET ADDRESS	
CITY-ST-ZIP	CONSHOHOCKEN PA	64 CITY-ST-ZIP	

CR2E034 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Daniel Gorge
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0170370 FN