FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

PROFIT CORPORATION ANNUAL REPORT

1997

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

FILED
97 MAY 20 PM 12:23
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 19428-2356 US

3. Date Incorporated or Qualified: **07/31/1992**
3a. Date of Last Report: **05/01/1996**

2. Principal Place of Business — 21: Suite, Apt. #, etc — 22: City & State — 23: Zip — 24: Country — 25
2a. Mailing Address — 26: Suite, Apt. #, etc — 27: City & State — 28: Zip — 29: Country — 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 _____ (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	DC	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	BURCH, ROBERT L.		1.2 NAME	
STREET ADDRESS	1001 WASHINGTON ST.		1.3 STREET ADDRESS	
CITY-ST-ZIP	CONSHOHOCKEN PA		1.4 CITY-ST-ZIP	
TITLE	PD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	BURCH, J. CHRISTOPHER		2.2 NAME	
STREET ADDRESS	1001 WASHINGTON ST.		2.3 STREET ADDRESS	
CITY-ST-ZIP	CONSHOHOCKEN PA		2.4 CITY-ST-ZIP	
TITLE	V	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	GORGE, DANIEL J.		3.2 NAME	
STREET ADDRESS	1001 WASHINGTON ST.		3.3 STREET ADDRESS	
CITY-ST-ZIP	CONSHOHOCKEN PA		3.4 CITY-ST-ZIP	
TITLE	CD	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	HUGHES-HALLETT, JAMES		4.2 NAME	
STREET ADDRESS	4-F SWIRE HOUSE 9 CONNAUGHT RD.		4.3 STREET ADDRESS	
CITY-ST-ZIP	CENTRAL HO		4.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	SCANTLEBURY, MICHAEL R.		5.2 NAME	
STREET ADDRESS	9 CONNAUGHT RD		5.3 STREET ADDRESS	
CITY-ST-ZIP	CENTRAL, HONG KONG		5.4 CITY-ST-ZIP	
TITLE	S	☒ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	SIBILIA, MICHAEL E.		6.2 NAME	
STREET ADDRESS	1001 WASHINGTON STREET		6.3 STREET ADDRESS	
CITY-ST-ZIP	CONSHOHOCKEN PA		6.4 CITY-ST-ZIP	

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****495.00 ****165.00

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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: Daniel Burch 05-20-97 4/28/97 (610) 941-3240