2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000067843

City-St-Zip:

JACKSONVILLE, FL 32202 US

Entity Name: CHARTWELL CAPITAL MANAGEMENT COMPANY, INC.

FILED May 23, 2006 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
	EPENDENT DE VILLE, FL 322	RIVE., SUITE 3120 202 US				
Current Mailing Address:				New Mailing Address:		
ONE INDEPENDENT DRIVE., SUITE 3120 JACKSONVILLE, FL 32202 US				701 BRICKELL AVENUE SUITE 3000 MIAMI, FL 33131 US		
FEI Number	: 59-3202654	FEI Number Applied For ()	FEI Nur	nber Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
701 BRICK SUITE 300	KELL AVENUE	RED AGENT CORPORATION				
	named entity of Florida.	submits this statement for the p	ourpose o	f changing its registere	d office or registered agent, or both,	
SIGNATU	RE:					
Electronic Signature of Registered Agent					Date	
		3(2)(b), F.S., the corporation did no g Trust Fund Contribution ().	ot receive t	he prior notice.		
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	STEIN, ROBER ONE INDEPEN) Delete IT L DENT DRIVE., SUITE 3120 E, FL 32202 US		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	PURCELL, KEN ONE INDEPEN) Delete NNETH DENT DRIVE., SUITE 3120 E, FL 32202 US		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address:	MARINATOS, A) Delete NTHONY DENT DRIVE., SUITE 3120		Title: Name: Address:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: ANTHONY MARINATOS P 05/23/2006