2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000037096

Address:

City-St-Zip:

Entity Name: CHARTWELL CAPITAL MANAGEMENT COMPANY II

FILED Apr 14, 2005 Secretary of State

| y | | | 7.17 | | | |
|---|-------------------------------|---------------------------------|---|---|--|--|
| Current Principal Place of Business: | | | New Prince | New Principal Place of Business: | | |
| | EPENDENT D IVILLE, FL 32 | RIVE., SUITE 3120 202 | | | | |
| Current Mailing Address: | | | New Maili | New Mailing Address: | | |
| | EPENDENT D IVILLE, FL 32 | RIVE., SUITE 3120 202 | | | | |
| FEI Number | : 59-3506080 | FEI Number Applied For () | FEI Number Not App | licable () Certificate of Status Desired () | | |
| Name and | l Address of | Current Registered Agent: | Name and | Address of New Registered Agent: | | |
| 701 BRICK SUITE 300 MIAMI, FL | KELL AVENUE)0 33131 US | | | its registered office or registered agent, or both, | | |
| | e of Florida. | submits this statement for the | purpose of changing i | its registered office of registered agent, or both, | | |
| SIGNATUI | RE: | | | | | |
| | Electro | nic Signature of Registered A | gent | Date | | |
| Election Car | mpaign Financir | ng Trust Fund Contribution (). | | | | |
| OFFICERS AND DIRECTORS: | | | ADDITION | ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR | | |
| Title: Name: Address: City-St-Zip: | STEIN, ROBE | NDENT DRIVE., SUITE 3120 | Title: Name: Address: City-St-Zip: | () Change () Addition | | |
| Title: Name: Address: City-St-Zip: | PURCELL, KE | NDENT DRIVE., SUITE 3120 | Title: Name: Address: City-St-Zip: | () Change () Addition | | |
| Title: Name: Address: City-St-Zip: | MARINATOS, | NDENT DRIVE., SUITE 3120 | Title: Name: Address: City-St-Zip: | () Change () Addition | | |
| Title: Name: Address: City-St-Zip: | BURKE, RYAN | NDENT DR STE 3120 | Title: Name: Address: City-St-Zip: | () Change () Addition | | |
| Title: Name: | D (MURPHY, DIA |) Delete NE M | Title: Name: | D (X) Change () Addition MURPHY, DIANA M | | |

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

Address:

ONE INDEPENDENT DR STE 3120

City-St-Zip: JACKSONVILLE, FL 32202

SIGNATURE: ANTHONY MARINATOS D 04/14/2005

ONE INDEPENDENT DR STE 3120

JACKSONVILLE, FL 32202