

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000037096

FILED
May 23, 2006
Secretary of State

Entity Name: CHARTWELL CAPITAL MANAGEMENT COMPANY II

Current Principal Place of Business:

ONE INDEPENDENT DRIVE., SUITE 3120
JACKSONVILLE, FL 32202

New Principal Place of Business:

Current Mailing Address:

ONE INDEPENDENT DRIVE., SUITE 3120
JACKSONVILLE, FL 32202

New Mailing Address:

701 BRICKELL AVENUE
SUITE 3000
MIAMI, FL 33131

FEI Number: 59-3506080

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

INTRASTATE REGISTERED AGENT CORPORATION
701 BRICKELL AVENUE
SUITE 3000
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ()

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: STEIN, ROBERT L
Address: ONE INDEPENDENT DRIVE., SUITE 3120
City-St-Zip: JACKSONVILLE, FL 32202

Title: D () Delete
Name: PURCELL, KENNETH
Address: ONE INDEPENDENT DRIVE., SUITE 3120
City-St-Zip: JACKSONVILLE, FL 32202

Title: D () Delete
Name: MARINATOS, ANTHONY
Address: ONE INDEPENDENT DRIVE., SUITE 3120
City-St-Zip: JACKSONVILLE, FL 32202

Title: D () Delete
Name: MURPHY, DIANA M
Address: ONE INDEPENDENT DR STE 3120
City-St-Zip: JACKSONVILLE, FL 32202

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: ANTHONY MARINATOS

D

05/23/2006

Electronic Signature of Signing Officer or Director

Date