

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 14, 2005
Secretary of State**

DOCUMENT# 757054

Entity Name: SOUTHERN MUNICIPAL ANALYSTS' SOCIETY, INCORPORATED

Current Principal Place of Business:

880 CARILLON PARKWAY
ST.PETERSBURG, FL 33716

New Principal Place of Business:

Current Mailing Address:

880 CARILLON PARKWAY
ST.PETERSBURG, FL 33716

New Mailing Address:

FEI Number: 59-2337496 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NEES, CAROLYN
880 CARILLON PARKWAY
ST.PETERSBURG, FL 33716 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

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: CLAYTON, MARK
Address: 9800 FREDERICKESBURG RD. A-3-E
City-St-Zip: SAN ANTONIO, TX 78288

Title: C () Delete
Name: FRAGEL, ALEXANDER
Address: 500 N AKARD STE 300
City-St-Zip: DALLAS, TX 75201

Title: S () Delete
Name: NEES, CAROLYN
Address: 880 CARILLON PARKWAY
City-St-Zip: ST PETERSBURG, FL 33716

Title: D () Delete
Name: LOWE, KEITH
Address: 3 WACHOUIA CENTER 401 S TRYN ST.
City-St-Zip: CHARLOTTE, NC 28288

Title: D () Delete
Name: EARLEY, ANN
Address: ONE NORTH JEFFERSON
City-St-Zip: ST LOUIS, MO 63103

Title: D () Delete
Name: DUSHOCK, SUSAN
Address: 250 PARK AVE 3RD FLOOR
City-St-Zip: WINTER PARK, FL 32789

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
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Title: () Change () Addition
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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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARK CLAYTON

T

04/14/2005

Electronic Signature of Signing Officer or Director

Date