

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 757054

FILED
Jul 25, 2007
Secretary of State

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

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: HOFFMANN, DALE
Address: 9800 FREDERICKSBURG RD. A-3-E
City-St-Zip: SAN ANTONIO, TX 78288

Title: D () Delete
Name: FRASER, ALEX
Address: 500 N AKARD STE 300
City-St-Zip: DALLAS, TX 75201

Title: S () Delete
Name: PERMENTER, PAULA
Address: 11 GREENWAY PLAZA SUITE 100
City-St-Zip: HOUSTON, TX 77046

Title: D () Delete
Name: LOWE, KEITH
Address: 3 WACHOVIA CENTER 401 S TRYON 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: C () Delete
Name: DUSHOCK, SUSAN
Address: 121 WEST TRADE STREET
City-St-Zip: CHARLOTTE, NC 28255

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:

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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DALE HOFFMANN

T

07/25/2007

Electronic Signature of Signing Officer or Director

_____ Date