2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 757054

FILED Aug 13, 2008 Secretary of State

Entity Name: SOUTHERN MUNICIPAL ANALYSTS' SOCIETY, INCORPORATED

	rincipal Place of Business:	New Principal Place of Business:
	LON PARKWAY RSBURG, FL 33716	
Current M	lailing Address:	New Mailing Address:
	LON PARKWAY SBURG, FL 33716	
In accordan	ce with s. 607.193(2)(b), F.S., the corporation did not rec	Number Not Applicable () Certificate of Status Desired () ive the prior notice. Name and Address of New Registered Agent:
NEES, CA 880 CARIL	I Address of Current Registered Agent: ROLYN LON PARKWAY RSBURG, FL 33716 US	Name and Address of New Registered Agent.
	named entity submits this statement for the purpose of Florida.	se of changing its registered office or registered agent, or both
SIGNATUI		
	Electronic Signature of Registered Agent	Date
OFFICER	S AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTO
Title: Name: Address: City-St-Zip:	T () Delete HOFFMANN, DALE 9800 FREDERICKSBURG RD. A-3-E SAN ANTONIO, TX 78288	Title: () Change () Addition Name: Address: City-St-Zip:
	D () Delete	Title: () Change () Addition
Vame: Address:	FRASER, ALEX 500 N AKARD STE 300 DALLAS, TX 75201	Name: Address: City-St-Zip:
Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	500 N AKARD STE 300	Address:
Name: Address: Dity-St-Zip: Fitle: Name: Address: Dity-St-Zip: Fitle: Name: Address:	500 N AKARD STE 300 DALLAS, TX 75201 S () Delete PERMENTER, PAULA 11 GREENWAY PLAZA SUITE 100	Address: City-St-Zip: Title: () Change () Addition Name: Address:
Name: Address: City-St-Zip: Title: Name: Address:	500 N AKARD STE 300 DALLAS, TX 75201 S () Delete PERMENTER, PAULA 11 GREENWAY PLAZA SUITE 100 HOUSTON, TX 77046 D () Delete LOWE, KEITH 3 WACHOVIA CENTER 401 S TRYON ST.	Address: City-St-Zip: Title: () Change () Addition Name: Address: City-St-Zip: Title: () Change () Addition Name: Address:

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 08/13/2008