

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000002544

FILED  
Feb 03, 2012  
Secretary of State

Entity Name: W&S BROKERAGE SERVICES, INC.

**Current Principal Place of Business:**

400 BROADWAY, MS 36  
CINCINNATI, OH 45202

**New Principal Place of Business:**

**Current Mailing Address:**

400 BROADWAY, MS 36  
CINCINNATI, OH 45202

**New Mailing Address:**

FEI Number: 31-0846576

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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: D  
Name: MCGRUDER, JILL T  
Address: 303 BROADWAY SUITE 1100  
City-St-Zip: CINCINNATI, OH 45202

Title: D  
Name: WUEBBLING, DONALD J  
Address: 400 BROADWAY  
City-St-Zip: CINCINNATI, OH 45202

Title: P  
Name: DUNN, BRYAN C  
Address: 400 BROADWAY  
City-St-Zip: CINCINNATI, OH 45202

Title: CCO  
Name: MELCHER, JOSEPH G  
Address: 303 BROADWAY SUITE 1100  
City-St-Zip: CINCINNATI, OH 45202

Title: S  
Name: MALONE, RHONDA  
Address: 400 BROADWAY  
City-St-Zip: CINCINNATI, OH 45202

Title: T  
Name: VANCE, JAMES J  
Address: 400 BROADWAY  
City-St-Zip: CINCINNATI, OH 45202

I hereby 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 all other like empowered.

SIGNATURE: JOSEPH G MELCHER

CCO

02/03/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date