

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 25, 2004 8:00 am
Secretary of State

05-25-2004 90001 001 ***550.00

DOCUMENT # F95000001585

1. Entity Name

Southwest Securities, Inc.



DO NOT WRITE IN THIS SPACE

24076950

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1201 Elm Street

3. Mailing Address
1201 Elm Street

Suite, Apt. #, etc.
3500

Suite, Apt. #, etc.
3500

City & State
Dallas, TX

City & State
Dallas, TX

4. FEI Number 75-1382137

Applied For
Not Applicable

Zip Country
75270 US

Zip Country
75270 US

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name CT Corporation System

Street Address (P.O. Box Number is Not Acceptable)

1200 S. Pine Island Rd.

City Plantation

FL

Zip Code
33324

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
William D. Felder
1201 Elm Street, Dallas TX 75270

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
Kenneth R. Hanks
1201 Elm Street, Dallas TX 75270

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
Daniel Leland
1201 Elm Street, Dallas TX 75270

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
Daniel Leland
1201 Elm Street, Dallas TX 75270

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
Allen Tubb
1201 Elm Street, Dallas TX 75270

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05-19-04

Date

214-854-6629

Daytime Phone #