2004 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 29, 2004 8:00 am Secretary of State DOCUMENT # P02000044589 04-29-2004 90214 025 ***150.00 1. Entity Name CAPTRUST FINANCIAL ADVISORS OF PALM BEACH. INC. Principal Place of Business Mailing Address 120 S OLIVE AVENUE SUITE 701 120 S OLIVE AVENUE SUITE 701 94070789 WEST PALM BEACH, FL 33401 WEST PALM BEACH, FL 33401 2. Principal Place of Business 3. Mailing Address 319 Clematis Street 319 Clematos Street Suite, Apt. #, etc. Suite, Apt. #, etc. 04072004 Cha-P CR2E034 (10/03) 801 801 City & State Pulm Breek Applied For City & State Wast Pala Ber, FL 4. FEI Number 04-3654150 Not Applicable Country \$8,75 Additional 33401 5. Certificate of Status Desired USA us A 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent William D. Johnson, J. JOHNSON, WILLIAM D JR. Street Address (P.O. Box Number is Not Acceptable) 120 S OLIVE AVENUE SUITE 701 WEST PALM BEACH, FL 33401 Snite 801 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. - Willian A. Johnson, J. President 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2004 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS Processon, william D. J., 319 Clamatil St. Saita 801 TITLE ☐ Delete TITLE Change : ☐ Addition JOHNSON, WILLIAM D JR NAME STREET ADDRESS 120 S OLIVE AVENUE, SUITE 701 STREET ADDRESS west Palm Boh, FL 33401 CITY-ST-ZIP WEST PALM.BEACH, FL 33401 CITY-ST-7IP ☐ Addition TITLE ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Detete ☐ Change ☐ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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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 Block 11 if changed, or on an attachment with an address, with all other like empowered. - William D. Johnson, J. President 4/28/04 561-655-9122 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR