CORPORATION
ANNUAL REPORT
1997

Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 08 1997 8:00am
Secretary of State

DOCUMENT # P07624 (0)
Corporation Name
ACB SECURITIES, INC.

Principal Place of Business
CORPORATION TRUST CENTER
WILMINGTON DE 19801

Mailing Address
C/O SAVINGS & COMMUNITY BANKERS
900 19TH STREET, NW, SUITE 400
WASHINGTON D. 20006
US

3. Date Incorporated or Qualified: 10/03/1985
3a. Date of Last Report: 05/01/1997

Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip
Country

2a. Mailing Address: 26 America's Community Bankers
Suite, Apt. #, etc.: 27 900 19th Street, NW Suite 400
City & State: 28 Washington, DC
Zip: 29 20006
Country: 30 USA

4. FEI Number: 38-3189998 ☐ Applied For ☐ Not Applicable
7. Certificate of Status Desired ☐ $8.75 Additional Fee Required
8. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
5. This corporation has liability for intangible tax under s 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City: FL 85 Zip Code

Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS
	PD SMITH, BRIAN 111 E. WACKER DRIVE, SUITE 2600 WASHINGTON DC 60601 ☐ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP ☐ Change ☐ Addition
	VP/T FISHER, LAWRENCE 900 19TH STREET, NW WASHINGTON DC 20006 ☐ DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP ☐ Change ☐ Addition
	S GASTEYER, PHILIP 900 19TH STREET, NW WASHINGTON DC 20006 ☒ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP ☐ Change ☒ Addition S Causey, Dawn 900 19th Street, NW Washington, DC 20006
	VPD HAAS, S.G. F III 900 19TH STREET, NW WASHINGTON DC 20006 ☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP ☐ Change ☐ Addition
	☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP ☐ Change ☐ Addition 100002182261 -05/19/97--01008--041 ***165.00
	☐ DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP ☐ Change ☐ Addition CS 5/8/97

I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: S C Gasteyer
TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #