2000 UNIFORM BUSINESS REPORT (UBR)

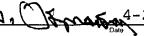
FILED **DOCUMENT # P12065** May 03, 2000 8:00 am Secretary of State FRANKLIN FINANCIAL SERVICES CORPORATION 05-03-2000 90150 012 ***150.00 Principal Place of Business Mailing Address FRANKLIN SQUARE FRANKLIN SQUARE SPRINGFIELD IL 62713 SPRINGFIELD IL 62713-0001 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 37-0919114 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 Zip Code FL 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. SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12, 11. Chairman & CEO Addition Delete OCK CIME TITLE TITLE FarPaul Kovach Jr. WILLIAM A SIMPSON NAME NAME 2727 Allen Parkway STREET ADDRESS STREET ADDRESS #1 FRANKLIN SQUARE Houston, TX 77019 CITY-ST-ZIP CITY-ST-ZIP SPRINGFIELD IL 62713 Change Addition TITLE ☐ Delete TITLE NAME OSMONSON, GARY NAME STREET ADDRESS #1 FRANKLIN SQ STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SPRINGFIELD IL Delete ☐ Change ☐ Addition TITLE NAME SIMPSON, WILLIAMA STREET ADDRESS #1 FRANKLIN SQUARE STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP SPRINGFIELD IL 62713 Treasurer XIX Change Addition Delete TITLE VPSD TITLE NAME NAME KEITH, KATHY STREET ADDRESS STREET ADDRESS #1 FRANKLIN SQUARE CITY-ST-ZIP CITY-ST-ZIP SPRINGFIELD IL 62713 Director Administration XX Change ☐ Addition ☐ Delete TITLE TITLE TD NAME KUNZ, KAREN A NAME STREET ADDRESS STREET ADDRESS #1 FRANKLIN SQUARE CITY-ST-ZIP CITY-ST-7IP SPRINGFIELD IL 62713 Chief Compliance Off. ☐ Change ***Addition Delete TITLE TITLE Sander J. Ressler 2727 Allen Parkway NAME NAME STREET ADDRESS STREET ADDRESS

13. I hereby certify that the information supplied with this filling 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-7IP

SIGNATURE: GARY D. OSMONSON, PRESIDENT SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CITY-ST-ZIP



Houston,

4-28-00 800-528-2011

Daytime Phone #