FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 757054 (2)

1. Corporation Name

SOUTHERN MUNICIPAL ANALYSTS' SOCIETY, INCORPORATED

Principal Place of Business	Mailing Address
C/O LAWRENCE A. LEVY, ESQ. 1016 MILAN AVENUE CORAL GABLES FL 33134	C/O LAWRENCE A. LEVY, ESQ. 1016 MILAN AVENUE CORAL GABLES FL 33134

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/09/1981
3a. Date of Last Report: 04/12/1994
4. FEI Number: 59-2128616 — Applied For ☐ Not Applicable ☐
5. Certificate of Status Desired ☑ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

LEVY, LAWRENCE A.
1016 MILAN AVENUE
CORAL GABLES FL 33134

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

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CD	11 TITLE	D	☐ Change ☐ Addition
NAME	LITTLE, JERRY I	12 NAME		
STREET ADDRESS	100 2ND AVE. S.	13 STREET ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG FL 33701	14 CITY-ST-ZIP		
TITLE	CT	21 TITLE	T/D	☑ Change ☑ Addition
NAME	SCHOEN, LINDY	22 NAME	Patrick Hennessey c/o Wachovia of GA.	
STREET ADDRESS	191 PEACHTREE ST	23 STREET ADDRESS	191 Peachtree St, MC700	
CITY-ST-ZIP	ATLANTA GA 30303	24 CITY-ST-ZIP	Atlanta, GA 30303-1757	
TITLE	D	31 TITLE	A/D	☑ Change ☐ Addition
NAME	HIGGINS, SUSAN	32 NAME	HIGGINS, SUSAN c/o Robinson-Humphrey	
STREET ADDRESS	3333 PEACHTREE RD., N.E.	33 STREET ADDRESS	3333 Peachtree Road, NE	
CITY-ST-ZIP	ATLANTA GA 30326	34 CITY-ST-ZIP	Atlanta GA 30326	
TITLE	D	41 TITLE	S/D	☑ Change ☑ Addition
NAME	KOLIMAGO, THOMAS M	42 NAME	Mary Burns c/o Edward D. Jones & Co.	
STREET ADDRESS	11 PENN CENTER	43 STREET ADDRESS	201 Progress Pkwy	
CITY-ST-ZIP	PHILADELPHIA PA 19103	44 CITY-ST-ZIP	St. Louis, MO 63043	
TITLE	D	51 TITLE	D	☑ Change ☐ Addition
NAME	VALTIH, CHRISTOPHER C	52 NAME	Valtin, Christopher c/o Connie Lee	
STREET ADDRESS	2445 M ST. N.W. #450	53 STREET ADDRESS	1299 Pennsylvania Ave, SE 800	
CITY-ST-ZIP	WASHINGTON DC 20037	54 CITY-ST-ZIP	Washington D.C. 20004	
TITLE	S	61 TITLE		☐ Change ☐ Addition
NAME	LEVY, LAWRENCE A.	62 NAME		
STREET ADDRESS	1016 MILAN AVENUE	63 STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES FL	64 CITY-ST-ZIP		

14. 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Susan Higgins SUSAN HIGGINS 4/28/95 404/244-4324
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

068163

157654

Other Directors:

Neill Conkling c/o Morgan Keegan & Co., Inc.
50 Front Street
Memphis, TN 38103
(901) 579-4320

Larry Jordan c/o First Southwest Company
Suite 500
1700 Pacific Avenue
Dallas, TX 75201
(214) 953-4000

Morris Rendahl c/o AMBAC Indemnity Corp.
Suite 300
8875 Hidden River Parkway
Tampa, FL 33637
(813) 229-1506