

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90966 037 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # 444750

1. Entity Name
RAYMOND JAMES FINANCIAL, INC.



Principal Place of Business
880 CARILLON PARKWAY
P.O. BOX 12749
ST PETERSBURG, FL 33733-2749

Mailing Address
880 CARILLON PARKWAY
P.O. BOX 12749
ST PETERSBURG, FL 33733-2749

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1517485

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MATECKI, PAUL L
880 CARILLON PARKWAY
ST. PETERSBURG, FL 33716

Name

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

City

FL

Zip Code

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

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME CD
JAMES, THOMAS A. ☐ Delete
STREET ADDRESS 880 CARILLON PARKWAY
CITY-ST-ZIP ST. PETERSBURG, FL

TITLE
NAME Pdet B. Helck ☐ Change ☒ Addition
STREET ADDRESS Chet B. Helck
CITY-ST-ZIP 880 Carillon Parkway
St. Petersburg, FL

TITLE
NAME VCD
SHUCK, ROBERT F. ☐ Delete
STREET ADDRESS 880 CARILLON PARKWAY
CITY-ST-ZIP ST. PETERSBURG, FL

TITLE
NAME VC ☒ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME TAS
PIPPENGER, LYNN ☐ Delete
STREET ADDRESS 880 CARILLON PARKWAY
CITY-ST-ZIP ST PETERSBURG, FL

TITLE
NAME S
Barry S. Augenbraun ☐ Change ☒ Addition
STREET ADDRESS 880 Carillon Parkway
CITY-ST-ZIP St. Petersburg, FL

TITLE
NAME EVD
GREENE, M. ANTHONY ☒ Delete
STREET ADDRESS 1647 MT VERNON RD #250
CITY-ST-ZIP ATLANTA, GA

TITLE
NAME Dca
Kenneth A. Shields ☐ Change ☒ Addition
STREET ADDRESS 880 Carillon Parkway
CITY-ST-ZIP St. Petersburg, FL

TITLE
NAME SV
JULIEN, JEFFREY P ☐ Delete
STREET ADDRESS 880 CARILLON PKWY
CITY-ST-ZIP SAINT PETERSBURG, FL 33716

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME PD
GODBOLD, FRANCIS S ☒ Delete
STREET ADDRESS 880 CARILLON PKWY.
CITY-ST-ZIP ST. PETE., FL 33716

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jeffrey P. Julien

4-26-03

Date

727-567-3800

Daytime Phone #

CR2E034 (10/02)