

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2004 8:00 am
Secretary of State

04-22-2004 90029 002 ***150.00

DOCUMENT # 341815 1. Entity Name RAYMOND JAMES & ASSOCIATES, INC.					
Principal Place of Business 880 CARILLON PKWY. P.O.BOX 12749 ST PETERSBURG, FL 33733-2749			Mailing Address 880 CARILLON PKWY. P.O.BOX 12749 ST PETERSBURG, FL 33733-2749		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-1237041	
5. Certificate of Status Desired ☐				Applied For Not Applicable	
6. Name and Address of Current Registered Agent MATECKI, PAUL 880 CARILLON PKWY. ST. PETERSBURG, FL 33716				7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			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 STREET ADDRESS CITY-ST-ZIP	CD JAMES, THOMAS A. 880 CARILLON PKWY ST PETERSBURG, FL	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS PIPPENGER, LYNN 880 CARILLON PKWY ST PETERSBURG, FL	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV HELCK, CHESTER B 880 CARILLON PKWY SAINT PETERSBURG, FL 33716	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ZANK, DENNIS W. 880 CARILLON PKWY ST PETERSBURG, FL	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V TREMAINE, THOMAS T 880 CARILLON PKWY SAINT PETERSBURG, FL 33716	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT FRANZ, RICHARD B II 880 CARILLON PKWY ST PETERSBURG, FL	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Richard B. Franz, II Richard B. Franz, II APR 08 2004 27-567-3800					



04012004 Chg-P CR2E034 (10/03)