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

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-1517485** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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, type 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 / STREET ADDRESS / CITY-ST-ZIP	CD JAMES, THOMAS A. 880 CARILLON PARKWAY ST. PETERSBURG, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PDet B. Helc Chet B. Helck 880 Carillon Parkway St. Petersburg, FL	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VCD SHUCK, ROBERT F. 880 CARILLON PARKWAY ST. PETERSBURG, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VC	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TAS PIPPENGER, LYNN 880 CARILLON PARKWAY ST PETERSBURG, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S Barry S. Augenbraun 880 Carillon Parkway St. Petersburg, FL	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	EVD GREENE, M. ANTHONY 1647 MT VERNON RD #250 ATLANTA, GA	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Dan Kenneth A. Shields 880 Carillon Parkway St. Petersburg, FL	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SV JULIEN, JEFFREY P 880 CARILLON PKWY SAINT PETERSBURG, FL 33716	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD GODBOLD, FRANCIS S 880 CARILLON PKWY. ST. PETE., FL 33716	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (10/02)

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: J P Julien Jeffrey P. Julien 4-26-03 727-567-3800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #