

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Feb 03 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **823247** (2)
1. Corporation Name
ARM SECURITIES CORPORATION

Principal Place of Business 515 W MARKET ST 8TH FL LOUISVILLE KY 40202 US	Mailing Address 515 W MARKET ST 8TH FLOOR LOUISVILLE KY 40202 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 25 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 09/16/1969	
4. FEI Number 41-0953406		Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				10. Name and Address of New Registered Agent	
81 Name					
82 Street Address (P.O. Box Number is Not Acceptable)					
83					
84 City				85 Zip Code FL	

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 _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TO CULBERTSON, ROSE M <input checked="" type="checkbox"/> DELETE	1.1 TITLE	TO COCHRAN, MICHAEL A. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	515 W MARKET ST 8TH FL	1.2 NAME	515 W Market St 8th Fl
STREET ADDRESS	LOUISVILLE KY	1.3 STREET ADDRESS	Louisville, KY
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	V BALEK, WALTER W <input checked="" type="checkbox"/> DELETE	2.1 TITLE	V GRIGER, RONALD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	8400 NORMANDALE LAKE BLVD STE 982	2.2 NAME	100 W. Minnesota St.
STREET ADDRESS	MINNEAPOLIS MN	2.3 STREET ADDRESS	New Ulm, MN 56703
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	DS MCGREENEY, JOHN R <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	515 W MARKET ST 8TH FL	3.2 NAME	
STREET ADDRESS	LOUISVILLE KY	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	DP HAINES, EDWARD J <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	515 W MARKET ST 8TH FLOOR	4.2 NAME	
STREET ADDRESS	LOUISVILLE KY	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	T RESNIK, PETER S <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	515 W MARKET ST 8TH FLOOR	5.2 NAME	
STREET ADDRESS	LOUISVILLE KY	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	AS MADDOX, ROBERT L <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	515 W MARKET ST 8TH FLOOR	6.2 NAME	
STREET ADDRESS	LOUISVILLE KY	6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an all _____ with an att _____

SIGNATURE _____

CR2E034 (10/97)