

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 13, 2005 08:00 AM
Secretary of State

DOCUMENT # 838722
 1. Entity Name
FSC SECURITIES CORPORATION



Principal Place of Business 2300 WINDY RIDGE PKWY SUITE 1100 ATLANTA, GA 30339 US	Mailing Address 2300 WINDY RIDGE PKWY SUITE 1100 ATLANTA, GA 30339 US
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04272005 No Chg-P CR2E034 (10/03)

4. FEI Number 58-1288674	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE, FL 32301

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GRUBER, JOSEPH B 2300 WINDY RIDGE PKWY #1100 ATLANTA, GA 30339
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD ROTHSTEIN, STEVEN 2300 WINDY RIDGE PKWY #1100 ATLANTA, GA 30339
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT WILLIAMS, DANIEL O 2300 WINDY RIDGE PKWY ATLANTA, GA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS WELLS, THOMAS M 2300 WINDY RIDGE PKWY #1100 ATLANTA, GA 30339
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 information empowered.

SIGNATURE:  Daniel O. Williams, vp 4-28-05 770-916-6582
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
 Treasurer