

**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**



04272005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
58-1288674

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301**

**DO NOT WRITE
IN THIS SPACE**

6. 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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

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

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05/13/05-80008-007 150.00

**DO NOT WRITE
IN THIS SPACE**

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 life empowered.

SIGNATURE:

Daniel O. Williams, vp
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-05
Date
Treasurer

770-916-6582
Daytime Phone #