

**2000 UNIFORM BUSINESS REPORT (UBR)****FILED****Jan 12, 2000 08:00 AM****Secretary of State****DOCUMENT # 851278****1. Entity Name**

J.J.B. HILLIARD, W.L. LYONS, INC.

**Principal Place of Business**HILLIARD LYONS CENTER  
501 4TH AVE  
LOUISVILLE  
40202

KY

US

**Mailing Address**

P O BOX 32700

LOUISVILLE

40232

US

KY

**2. Principal Place of Business****3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

**4. FEI Number****61-0734935**

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**CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROADPLANTATION  
33324

US

FL

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.**

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

**01/12/2000**

DATE

**9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back)**☒**FILE NOW!!! FEE IS \$150.00  
After MAY 1, 2000 Fee will be \$550.00  
Make Check Payable to Department of State****10. Election Campaign Financing  
Trust Fund Contribution.**☐**\$5.00** May Be  
Added to Fees**11. OFFICERS AND DIRECTORS****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	EVD ROGERS JAMES M	501 4TH AVE	LOUISVILLE KY 40202	

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	V ROSE JEFFREY	HILLIARD LYONS CENTER	LOUISVILLE KY	

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	D MICHAEL, III RALPH S	ONE PNC PLAZA, 249 5TH AVE	PITTSBURGH PA 15222	

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	CPD STUCKERT, JAMES	501 SOUTH 4TH AVE.	LOUISVILLE KY 40202	

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	EVD CORY, II E. NEAL	501 4TH AVE	LOUISVILLE KY 40202	

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	EVD ALLEN JAMES R	501 4TH AVE	LOUISVILLE KY 40202	

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

**13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.**

SIGNATURE: JEFFREY W. ROSE

Y

01/12/2000

**KENNETH WAGNER V**  
**501 4TH AVE**

**LOUISVILLE, KY, 40202**

**THOMAS K WHITFORD D**  
**ONE PNC PLAZA**  
**249 5TH AVE**  
**PITTSBURGH, PA, 15222**