


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 11, 2004 08:00 AM
Secretary of State

DOCUMENT # 852538 1. Entity Name MORGAN, KEEGAN & COMPANY, INC.	
--	---

Principal Place of Business 50 NORTH FRONT STREET MEMPHIS, TN 38103	Mailing Address 50 NORTH FRONT STREET ATTN: ACCOUNTING DEPT MEMPHIS, TN 38002
---	--

DO NOT WRITE IN THIS SPACE



03032004 No Chg-P CR2E034 (10/03)

4. FEI Number 64-0474907	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

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324

**DO NOT WRITE
IN THIS SPACE**

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, 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, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	---

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CDP MORGAN, ALLEN B 50 NORTH FRONT STREET MEMPHIS, TN 38103
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SANDERSON, JOHN B 50 NORTH FRONT STREET MEMPHIS, TN 38103
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD GOOCH, ROBERT D., JR. 50 NORTH FRONT STREET MEMPHIS, TN 38103
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD WELLER, JOSEPH C 50 NORTH FRONT STREET MEMPHIS, TN 38103
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MAXWELL, CHARLES D 50 NORTH FRONT STREET MEMPHIS, TN 38103
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U00000085884
03/11/04-80058-001 150.00

**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 like empowered.

SIGNATURE:  **John B. Sanderson** 3/8/04 (901) 524-4100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #