## 2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

12. I hereby certify that the in indicaté

SIGNATURE

on this report of

## Mar 20, 2008 8:00 am Secretary of State 03-20-2008 90023 033 \*\*\*150.00 **DOCUMENT #852538** 1. Entity Name MORGAN, KEEGAN & COMPANY, INC. Principal Place of Business Mailing Address 50000042 50 NORTH FRONT STREET 50 NORTH FRONT STREET ATTN: ACCOUNTING DEPT MEMPHIS, TN 38103 MEMPHIS, TN 38002 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. Chg-P CR2E034 (12/06) 03042008 Applied For City & State City & State 4. FEI Number 64-0474907 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324 City 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title 4 applicable (NOTE; Registered Agent signature required when renstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2008 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 CDP TITLE Delete MORGAN, ALLEN B NAME NAME STREET ADDRESS 50 NORTH FRONT STREET STREET ADDRESS CITY-ST-ZIP MEMPHIS, TN 38103 CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ■ Addition SANDERSON, JON NAME NAME STREET ADDRESS **50 NORTH FRONT STREET** STREET ADDRESS CITY-ST-7IP CITY-ST-7IP MEMPHIS, TN 38103 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME GOOCH, ROBERT D., JR. NAME STREET ADDRESS **50 NORTH FRONT STREET** STREET ADDRESS CITY-ST-ZIP MEMPHIS, TN 38103 CITY-ST-7IP ■ Addition TITLE ☐ Change TITLE Delete NAME MAXWELL, CHARLES D **50 NORTH FRONT STREET** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MEMPHIS, TN 38103 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7P ☐ Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP region of the supplied with this filing does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information is applied ental 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 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 the with an address, with all other like empowered.

FILED