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May 15 1997 8:00am
Secretary of State

• PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 852973 (7)

1. Corporation Name
THE ROBINSON-HUMPHREY COMPANY, INC.

Principal Place of Business
388 GREENWICH STREET
TAX DEPARTMENT, 31ST FLOOR
NEW YORK NY 10013

Mailing Address
250 WEST STREET
TAX DEPT 9TH FLR
NEW YORK NY 10013-2300
US

3. Date Incorporated or Qualified 05/25/1982
3a. Date of Last Report 05/16/1996

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 Zip Country 25 Zip Country 29 Zip Country 30 Zip Country

4. FEI Number 58-1472560
Applied For Not Applicable

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

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	DELETE
NAME	ROBINSON, ROBY	
STREET ADDRESS	3333 PEACHTREE ROAD	
CITY - ST - ZIP	ATLANTA GA	
TITLE	EVPD	DELETE
NAME	ASHER, THOMAS J.	
STREET ADDRESS	3333 PEACHTREE RD	
CITY - ST - ZIP	ATLANTA GA	
TITLE	D	DELETE
NAME	TRACY, THOMAS K.	
STREET ADDRESS	3333 PEACHTREE RD	
CITY - ST - ZIP	ATLANTA GA	
TITLE	CEOT	DELETE
NAME	SANDS, JEROME D. J	
STREET ADDRESS	3333 PEACHTREE RD	
CITY - ST - ZIP	ATLANTA GA	
TITLE	V	DELETE
NAME	AUSTIN, STACY	
STREET ADDRESS	388 GREENWICH ST	
CITY - ST - ZIP	NEW YORK NY	
TITLE	AT	DELETE
NAME	GRAHAM, LEE	
STREET ADDRESS	250 WEST STREET	
CITY - ST - ZIP	NEW YORK NY	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Change	Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY - ST - ZIP		
2.1 TITLE	Change	Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE	Change	Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE	Change	Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE	Change	Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE	Change	Addition
6.2 NAME	Graham, Lee	
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: X Lee Graham Asst. Treasurer 4/30/97

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0004890

CR2E034 (9/96)