

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 16, 2002 8:00 am
Secretary of State

09-16-2002 90101 007 ***550.00

DOCUMENT # F01000001589

1. Entity Name

RUSSELL FINANCIAL SERVICES, INC.

Principal Place of Business

**600 MARR DRIVE
 SIGNAL MOUNTAIN TN 37377**

Mailing Address

**755 LEE STREET
 ALEXANDER CITY AL 35011**

00138794



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

300 Delaware Avenue

9th Floor, DE -5403

Wilmington, DE

19801

USA

3. Mailing Address

3330 Cumberland Blvd

Suite 800

Atlanta GA

30339

USA

4. FEI Number

62-1752682

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 32301-2525**

7. Name and Address of New Registered Agent

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. 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

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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: **PCD** Delete
 NAME: **FOREHAND, STEVE R**
 STREET ADDRESS: **755 LEE STREET**
 CITY-ST-ZIP: **ALEXANDER CITY AL**

TITLE: Change Addition
 NAME: Change Addition
 STREET ADDRESS: Change Addition
 CITY-ST-ZIP: Change Addition

TITLE: **VD** Delete
 NAME: **LYONS, ROBERT**
 STREET ADDRESS: **600 MARR DRIVE**
 CITY-ST-ZIP: **SIGNAL MOUNTAIN TN**

TITLE: Change Addition
 NAME: Change Addition
 STREET ADDRESS: Change Addition
 CITY-ST-ZIP: Change Addition

TITLE: **SD** Delete
 NAME: **WORKMAN, LARRY**
 STREET ADDRESS: **755 LEE STREET**
 CITY-ST-ZIP: **ALEXANDER CITY AL**

TITLE: Change Addition
 NAME: Change Addition
 STREET ADDRESS: Change Addition
 CITY-ST-ZIP: Change Addition

TITLE: **D** Delete
 NAME: **MARTIN, ROBERT D**
 STREET ADDRESS: **3330 CUMBERLAND BLVDF**
 CITY-ST-ZIP: **ATLANTA GA**

TITLE: Change Addition
 NAME: Change Addition
 STREET ADDRESS: Change Addition
 CITY-ST-ZIP: Change Addition

TITLE: Delete
 NAME: Delete
 STREET ADDRESS: Delete
 CITY-ST-ZIP: Delete

TITLE: Change Addition
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 CITY-ST-ZIP: Delete

TITLE: Change Addition
 NAME: Change Addition
 STREET ADDRESS: Change Addition
 CITY-ST-ZIP: Change 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: *Larry Workman*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/13/02 256-5004000
 Date Daytime Phone #

CR2E034 (4/02)