


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 17, 2006 8:00 am**  
**Secretary of State**

03-17-2006 90132 042 \*\*\*158.75

<b>DOCUMENT # F03000002813</b>	
1. Entity Name <b>STERNE, AGEE &amp; LEACH, INC.</b>	

Principal Place of Business <b>800 SHADES CREEK PARKWAY, SUITE 700 BIRMINGHAM, AL 35209</b>	Mailing Address <b>800 SHADES CREEK PARKWAY, SUITE 700 BIRMINGHAM, AL 35209</b>
--	--

**20017309**



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

03092006 Chg-P CR2E034 (11/05)

4. FEI Number <b>63-0463600</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324</b>		7. Name and Address of New Registered Agent	
		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		<b>FL</b>	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

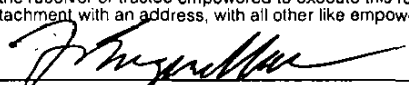
**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST- ZIP	<b>PCD HOLBROOK, JAMES S JR. 800 SHADES CREEK PARKWAY, SUITE 700 BIRMINGHAM, AL 35209</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST- ZIP	<b>ST WOODHAM, F. EUGENE 800 SHADES CREEK PARKWAY, SUITE 700 BIRMINGHAM, AL 35209</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST- ZIP	<b>D DANIEL, LINDA M 800 SHADES CREEK PARKWAY, SUITE 700 BIRMINGHAM, AL 35209</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST- ZIP	<b>D BUKOLT, EARL D 800 SHADES CREEK PARKWAY, SUITE 700 BIRMINGHAM, AL 35209</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST- ZIP	<b>V ALPERT, JAY 800 SHADES CREEK PARKWAY, SUITE 700 BIRMINGHAM, AL 35209</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST- ZIP	<b>C. Fred Wagstaff, III - CFO</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>800 Shades Creek Parkway Suite 700 Birmingham, AL 35209</b>
TITLE NAME STREET ADDRESS CITY-ST- ZIP	<b>V AMERSON, SCOTT 800 SHADES CREEK PARKWAY, SUITE 700 BIRMINGHAM, AL 35209</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST- ZIP	<b>Director</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Christopher L Frankel 800 Shades Creek Parkway Suite 700 Birmingham AL 35209</b>

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

 **F. Eugene Woodham**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-9-2006

Date

205-949-3500

Daytime Phone #