


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2008 8:00 am
Secretary of State

01-16-2008 90016 041 ***150.00

DOCUMENT # F03000002813 1. Entity Name STERNE, AGEE & LEACH, INC.					
Principal Place of Business 800 SHADES CREEK PARKWAY SUITE 550 BIRMINGHAM, AL 35209			Mailing Address 800 SHADES CREEK PARKWAY SUITE 550 BIRMINGHAM, AL 35209		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 63-0463600	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD HOLBROOK, JAMES S JR. 800 SHADES CREEK PARKWAY, SUITE 700 BIRMINGHAM, AL 35209		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST WOODHAM, F. EUGENE 800 SHADES CREEK PARKWAY, SUITE 700 BIRMINGHAM, AL 35209		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DANIEL, LINDA M 800 SHADES CREEK PARKWAY, SUITE 700 BIRMINGHAM, AL 35209		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUKOLT, EARL D 800 SHADES CREEK PARKWAY, SUITE 700 BIRMINGHAM, AL 35209		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO WAYSTAFF, FRED C III 800 SHADES CREEK PARKWAY, SUITE 700 BIRMINGHAM, AL 35209		TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO C. Fred Wagstaff, III 800 shades creek Parkway, suite 700 Birmingham, AL 35209	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP WITT, CHERYL 800 SHADES CREEK PARKWAY, SUITE 550 BIRMINGHAM, AL 35209		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <i>Cheryl Witt</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Cheryl Witt Date: 1/9/08 Daytime Phone #: (205) 380-1714		