


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2007 8:00 am
Secretary of State

04-02-2007 90080 027 ***150.00

| | | | | | |
|---|---|---|---|--|--|
| DOCUMENT # F04000003114 | | | |  | |
| 1. Entity Name IRONSTONE SECURITIES, INC. | | | | | |
| Principal Place of Business 3128 SMOKETREE COURT RALEIGH, NC 27604 | | | Mailing Address 3128 SMOKETREE COURT RALEIGH, NC 27604 | | |
| 2. Principal Place of Business - No P.O. Box # 4300 2nd Fork Rd. | | 3. Mailing Address Same | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State Raleigh NC | | City & State | | 4. FEI Number 20-0424376 | |
| Zip 27609 | | Country US | | 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 | | | Zip Code | | |
| FL | | | FL | | |
| 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 _____ <small>(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when "reinstating")</small> DATE _____ | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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 CP | NAME YOCNAM, CAROL | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| STREET ADDRESS 3128 SMOKETREE COURT | CITY-ST-ZIP RALEIGH, NC 27604 | | NAME | | |
| TITLE D | NAME BRITTAIN, ANNEUISE | <input checked="" type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| STREET ADDRESS 3128 SMOKETREE COURT | CITY-ST-ZIP RALEIGH, NC 27604 | | NAME | | |
| TITLE CFO | NAME BOCACZYK, STEVEN I | <input checked="" type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| STREET ADDRESS 3128 SMOKETREE COURT | CITY-ST-ZIP RALEIGH, NC 27604 | | NAME | | |
| TITLE S | NAME CREEKMAN, JAMES E | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| STREET ADDRESS 3128 SMOKETREE COURT | CITY-ST-ZIP RALEIGH, NC 27604 | | NAME | | |
| TITLE T | NAME BLACK, KENNETH A | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| STREET ADDRESS 3128 SMOKETREE COURT | CITY-ST-ZIP RALEIGH, NC 27604 | | NAME | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| 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: _____ | | | 3/6/07 919 716 2492 | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | Date Daytime Phone # | | |

40046330



03062007 Chg-P CR2E034 (12/06)

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

Zip Code

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