2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000003080

Entity Name: OLD MUTUAL FINANCIAL NETWORK SECURITIES, INC.

FILED Jul 08, 2008 Secretary of State

Current Principal Place of Business:			New Princi	New Principal Place of Business:		
1117 PERIMETER CENTER WEST STE E 212 ATLANTA, GA 30338						
Current Mailing Address:			New Mailin	New Mailing Address:		
1001 FLEET STREET, 6TH FLOOR BALTIMORE, MD 21202				1001 FLEET STREET BALTIMORE, MD 21202		
FEI Number:	52-1387769	FEI Number Applied For ()	El Number Not Appli	cable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent: Na				Address of Ne	w Registered Agent:	
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 323012525 US						
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.						
SIGNATURE:						
Electronic Signature of Registered Agent Date						
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ().						
OFFICERS AND DIRECTORS:			ADDITIONS	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	PARKER, BRUCI	R CENTER WEST STE E 212	Title: Name: Address: City-St-Zip:	PARKER, BRUCE	R CENTER WEST STE E 212	
Title: Name: Address: City-St-Zip:	FERRER, PATRI	R CENTER WEST STE E 212	Title: Name: Address: City-St-Zip:	HARRINGTON, AL	R CENTER WEST STE E 212	
Title: Name: Address: City-St-Zip:	PRETTY, RICHA	R CENTER WEST STE E 212	Title: Name: Address: City-St-Zip:	ALMEIDA, NARCI	R CENTER WEST STE E 212	
Title: Name: Address: City-St-Zip:	JOHNSTON, DOI	R CENTER WEST STE E 212	Title: Name: Address: City-St-Zip:	AS (X) C ROONEY, JOHN T 1001 FLEET STR BALTIMORE, MD	EET	
Title: Name: Address: City-St-Zip:	DE MATOS ALMI	R CENTER WEST STE E 212	Title: Name: Address: City-St-Zip:	()C	change () Addition	
Title: Name: Address: City-St-Zip:	SCCO (X) I REITZ, KENNETH 1001 FLEET ST BALTIMORE, ME	6TH FL	Title: Name: Address: City-St-Zip:	() C	change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN T. ROONEY AS 07/08/2008