

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000001786

FILED  
Feb 22, 2012  
Secretary of State

**Entity Name:** STERNE AGEE INVESTMENT ADVISORS, INC.

**Current Principal Place of Business:**

800 SHADES CREEK PARKWAY  
SUITE 700  
BIRMINGHAM, AL 35209

**New Principal Place of Business:**

**Current Mailing Address:**

800 SHADES CREEK PARKWAY  
SUITE 550  
BIRMINGHAM, AL 35209

**New Mailing Address:**

**FEI Number:** 20-0694030

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

NRAI SERVICES, INC.  
515 E. PARK AVENUE  
TALLAHASSEE, FL 32301 US

**Name and Address of New Registered Agent:**

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

**OFFICERS AND DIRECTORS:**

Title: PCD  
Name: RUCH, WALTER A III  
Address: 800 SHADES CREEK PARKWAY STE 500  
City-St-Zip: BIRMINGHAM, AL 35209

Title: ST  
Name: BARZE, BRIAN K  
Address: 800 SHADES CREEK PARKWAY #700  
City-St-Zip: BIRMINGHAM, AL 35209

Title: CCO  
Name: CALVANO, JOHN  
Address: 800 SHADES CREEK PARKWAY, STE 500  
City-St-Zip: BIRMINGHAM, AL 35209

Title: D  
Name: DIXON, JAMES  
Address: 800 SHADES CREEK PARKWAY  
City-St-Zip: BIRMINGHAM, AL 35209

Title: D  
Name: CARTER, JAY W  
Address: 800 SHADES CREEK PARKWAY  
City-St-Zip: BIRMINGHAM, AL 35209

I hereby 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 all other like empowered.

SIGNATURE: JOHN CALVANO

COO

02/22/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date