2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F95000006081

Entity Name: FIRST ALLIED SECURITIES, INC.

FILED Jan 05, 2009 Secretary of State

Current Principal Place of Business:			New Prince	New Principal Place of Business:	
11TH FLO	ROADWAY OR O, CA 92101				
Current M	lailing Addres	ss:	New Maili	New Mailing Address:	
11TH FLO	ROADWAY OR O, CA 92101				
FEI Number:	: 11-3152836	FEI Number Applied For ()	FEI Number Not App	licable () Certificate of Status Desired ()	
Name and	Address of C	Current Registered Agent:	Name and	Address of New Registered Agent:	
	ATION SERVIC	CE COMPANY			
1201 HAYS TALLAHAS	SSEE, FL 323	012525 US			
	e of Florida.	submits this statement for the p	ourpose of changing i	its registered office or registered agent, or both,	
SIGNATUR		nic Signature of Registered Age	ant	Date	
Election Car		g Trust Fund Contribution ().	,	Bute	
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	ANTONIADES,	WAY 11TH FLOOR	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	CFO () GLASER, GRE 1227 MALL DR RICHMOND, V	IVE	Title: Name: Address: City-St-Zip:	CFO (X) Change () Addition MILBURN, ROBERT 655 W. BROADWAY 11TH FLOOR SAN DIEGO, CA 92101	
Title: Name: Address: City-St-Zip:	MOSES, ROBE	NUE, 20TH FLOOR	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	O'NEAL, TIY A	WAY 11TH FLOOR	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	CONDRA, SHA	WAY 11TH FLOOR	Title: Name: Address: City-St-Zip:	() 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: MARION J. VOMHOF, ASSOC. GENERAL COUNSEL AGC 01/05/2009