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PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F98000004783**

1. Corporation Name
IBAA SECURITIES CORPORATION

Principal Place of Business	Mailing Address
6077 PRIMACY PARKWAY. 3RD FLOOR MEMPHIS TN 38119	6077 PRIMACY PARKWAY. 3RD FLOOR MEMPHIS TN 38119

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed: 08/21/1998

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 Country 25	Zip 29 Country 30

4. FEI Number: 06-1253210 ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

WARD, ROBERT J
500 W. CYPRESS CREEK ROAD, SUITE 220
FORT LAUDERDALE FL 33309

10. Name and Address of New Registered Agent

81 Name

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

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	PICKERING, C J		1.2 NAME		
STREET ADDRESS	6077 PRIMACY PARKWAY, 3RD FLOOR		1.3 STREET ADDRESS		
CITY-ST-ZIP	MEMPHIS TN 38119		1.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	TEAGNO, GARY C		2.2 NAME		
STREET ADDRESS	ONE THOMAS CIRCLE NW SUITE 950		2.3 STREET ADDRESS		
CITY-ST-ZIP	WASHINGTON DC 20005		2. 4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	PATTERN, KEITH		3.2 NAME		
STREET ADDRESS	2 ELM STREET		3.3 STREET ADDRESS		
CITY-ST-ZIP	CAMDEN ME 04843		3.4. CITY-ST-ZIP		
TITLE	C	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	HAWKER, THOMAS T		4. 2 NAME		
STREET ADDRESS	490 WEST OLIVE AVENUE		4.3 STREET ADDRESS		
CITY-ST-ZIP	MERCED CA 95348		4.4 CITY-ST-ZIP		
TITLE	CFO	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	DEVRIES, HAROLD L		5.2 NAME		
STREET ADDRESS	518 LINCOLN ROAD		5.3 STREET ADDRESS		
CITY-ST-ZIP	SAUK CENTRE MN 56378-1653		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	RUYLE, NANCY A		6.2 NAME		
STREET ADDRESS	1000 FRONT STREET		6.3 STREET ADDRESS		
CITY-ST-ZIP	ROGERSVILLE MO 65742		6.4 CITY-ST-ZIP		

CR2E034 (11/98)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: C J Pickering REQUIRED 4-22-99 9017625880
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #