


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0146007 AB

DOCUMENT # F98000006183	
1. Entity Name TERRA SECURITIES CORPORATION	

FILED
03 JUL 14 AM 9:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business 200 N. MARTINGALE ROAD, 7TH FLOOR SCHAUMBURG IL 60173-2096	Mailing Address 6610 W. BROAD ST. 8TH FLOOR RICHMOND VA 23230
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 36-3120284		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

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 _____ (NOTE: Registered Agent signature required when reinstating) **DATE** _____

FILE NOW!!! FEE IS \$550.00 After September 10, 2003 Fee will be \$750.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD REEDY, DAVID 2015 SPRING RD., STE. 550 OAK BROOK IL 60523 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	600021520274 <input type="checkbox"/> Change <input type="checkbox"/> Addition 07/14/03--010/14--004 **\$550.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MINDEL, NORBERT 2015 SPRING RD., STE. 550 OAK BROOK IL 60523 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUDDLE, JAMES 6604 W. BROAD ST. RICHMOND VA 23230 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CURTIS, SCOTT 6610 W. BROAD ST. RICHMOND VA 23230 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PRIZZIA, GARY T 6620 W. BROAD ST. RICHMOND VA 23230 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REEDY, DAVID S 2015 SPRING RD #550 OAK BROOK IL 60523 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 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: Thomas E. Duffy **REQUIRED** Thomas E. Duffy / Secretary **DATE** 8/04/03 **DAYTIME PHONE #** 484-7586

CR2E034 (4/03)