DOCUMENT # F9900001184

STERNE AGEE ASSET MANAGEMENT, INC. Principal Place of Business Mailing Address 800 SHADES CREEK PARKWAY 800 SHADES CREEK PARKWAY STE 700 STE 700 BIRMINGHAM AL 35209 BIRMINGHAM AL 35209 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 4. FEI Number Country Country 5. Certificate of Status Desired ____ 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HARRIS, ROBERT M III Street Address (P.O. Box Number is Not Acceptable) 1800 2ND ST., STE. 975 SARASOTA FL 34236 City 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 (See criteria on back) Make Check Payable to Department of State 'ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. TITLE TITLE Delete NAME HOLBROOK, JAMES S JR. NAME 800 shades creek Parkway iste 700 STREET ADDRESS STREET ADORESS 1901 6TH AVE: NORTH, STE: 2100 CITY-ST-ZIP CITY-ST-ZIP Birmingham AL 35209 **BIRMINGHAM AL 35293** ☐ Delete TITLE TITLE NAME WOODHAM, F. EUGENE NAME 800 Shades Creek Parkway Ste 700 STREET ADDRESS STREET ADDRESS 1901 6TH AVE. NORTH, STE. 2100 CITY-ST-ZIP City-ST-7IP Birmingham, AL BIRMINGHAM AL 35203 ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITI F ☐ Delete TITLE ☐ Change ☐ Addition NAME

13. 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 eath; 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS

CITY-ST-7!P

SIGNATURE: 1

STREET ADDRESS

CITY-ST-7IP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Date Date Dayling Phone #