FILED

## 2002 UNIFORM BUSINESS REPORT (UBR)

## Feb 06, 2002 8:00 am Secretary of State F99000001184 DOCUMENT # 1. Entity Name STERNE AGEE ASSET MANAGEMENT, INC. 02-06-2002 90019 003 \*\*\*150.00 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. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 63-0978869 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HARRIS, ROBERT M III Street Address (P.O. Box Number is Not Acceptable) 1800 2ND ST., STE. 975 SARASOTA FL 34236 City Zip Code FL 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 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete CR2E034 (9/01) Change ☐ Addition HOLBROOK, JAMES S JR. NAME NAME 800 SHADES CREEK PKWY., STE 700 STREET ADDRESS STREET ADDRESS **BIRMINGHAM AL 35209** CITY-ST-7/P CITY-ST-ZIP TITLE ☐ Delete TITLE Addition WOODHAM, F. EUGENE NAME NAME 800 SHADES CREEK PKWY., STE 700 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **BIRMINGHAM AL 35209** CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-7/P TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered. 1/10/02 205.414.7240