2008 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: _

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED Aug 12, 2008 8:00 am Secretary of State

Daytime Phone #

| DOCUMENT # F99000002268 1. Enlity Name NBC SECURITIES, INC. | | | | | | | 08-12-2008 | 90024 0 | 09 ***15 | 50.00 |
|--|------------------------|-------------------------------|--|--------------|--|---|--------------------------------------|---------------------------|---------------------------------|-------------------|
| Principal Place 1927 FIRST A 4TH FLOOR BIRMINGHAM | AVENUE NOR | тн | Mailing Address P.O. BOX 10686 BIRMINGHAM, AL 3520 | | | 1 (F1)8 13111 (F1)0 88011 88111 | CDIII CDIIS IXI | FIE HEIE ENEL IE | 31 88) (1 1 78) | |
| 2. Principal Place of Business - No P.O. Box # | | | 3. Mailing Address | | | | | | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | | 07232008 | Chg-P | CR2E0 | 34 (12/06) | |
| City & State | | | City & State | | 4. FEI Numb 63-092 | | Applied For Not Applicable | | | |
| Zip | Country | | Zip | Zìp Coun | | 5. Certificate | \$8.75 Additional Fee Required | | | |
| | 6. Name | and Address of Current | | | | 7. Name and Address of New Registered Agent | | | | |
| | | | | | Name Jeremy Hickey | | | | | |
| COMMUNITY BANK OF NAPLES 5150 TAMIAMI TRAIL NORTH ATTN: HARLAND JACOBS NAPLES, FL 34103 | | | | | Street Address (P.O. Box Number is Not Acceptable) 5(5() Tamiami Trail North | | | | | |
| | | | | | City NAPICS | | | FL Zip Code 34103 | | |
| 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 Signature. Nighter or parties in name of each state parties of applicable. (NOTE Registered Agent signature required when reinstating) DATE | | | | | | | | | | |
| Signature, typeu or printed name of registrations and applicable. (NOTE Registered Agent signature required when reinstating) DATE | | | | | | | | | | |
| FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008 9. Election Campaign Financin Trust Fund Contribution. | | | | | | .00 May Be led to Fees | In accordance w corporation did r | ith s. 607 not receive | .193(2)(b), e the prior i | F.S., the notice. |
| 10. | . | OFFICERS AND | DIRECTORS | 11. | | ADDITIONS | /CHANGES TO OFF | CERS AND | DIRECTOR | S IN 11 |
| TITLE NAME | C . HOLCOME | B, JOHN H III | ☐ Delete | TITLI NAM | - i | | | | ☐ Change | ☐ Addition |
| STREET ADORESS CITY-ST-ZIP | 1 | T AVE. NORTH IAM, AL 35203 | | | ET ADDRESS -ST-ZIP | | | | | |
| TITLE | VP . | · | ☐ Delete | TITL | E | | | | ☐ Change | ☐ Addition |
| NAME | WILKINS, JEFFERY SCOTT | | NAM | | - | | | | | |
| STREET ADDRESS CITY-ST-ZIP | 1927 NE A | VE W IAM, AL 35203 | | | ET ADDRESS - ST- ZIP | | | | | |
| TITLE | D | THE COLOG | ☐ Delete | TITL | | | | • | ☐ Change | Addition |
| NAME | MATTHEW | VS, WILLIAM E V | | NAM | | | | | | _ |
| STREET ADDRESS CITY-ST-ZIP | 1 | T AVE. NORTH IAM, AL 35203 | | | ET ADDRESS -ST-ZIP | | | | | |
| TITLE | Р | | ☐ Delete | TITL | E | | | | ☐ Change | ☐ Addition |
| NAME | • | BRADFORD L | | NAM | ET ADDRESS | | | | | |
| STREET ADDRESS CITY-ST-ZIP | 1 | T AVE. NORTH IAM, AL 35202 | | • | -ST-ZIP | | | | | |
| TITLE | SVP | | ☐ Delete | TITL | E | | | *** | ☐ Change | Addition |
| NAME | KAHN, ST | EVEN | | NAM | E | | | | _ • | _ |
| STREET ADDRESS | 1927 FIRST AVE N | | | | ET ADDRESS | | | | | |
| CITY-ST-ZIP | BIRMINGF | łAM, AL 35244 | | -1- | - ST - ZIP | | | | | |
| TITLE NAME | | | ☐ Delete | TITL | | | | | ☐ Change | ☐ Addition |
| STREET ADDRESS | | | | • | EET ADDRESS | | | | | |
| CITY-ST-ZIP | | | | CITY | -ST-ZIP | | | | | · |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 aderess, with all other like hope market. | | | | | | | | | | |