

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 26, 2004 8:00 am
Secretary of State

05-26-2004 90003 039 ***550.00

DOCUMENT # *F99000005701*

1. Entity Name

SWS FINANCIAL SERVICES, INC.



DO NOT WRITE IN THIS SPACE

44045912

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1201 ELM STREET

3. Mailing Address
1201 ELM STREET

Suite, Apt. #, etc.
SUITE 3500

Suite, Apt. #, etc.
SUITE 3500

City & State
DALLAS, TX

City & State
DALLAS, TX

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

Zip
75270

Country
US

Zip
75270

Country
US

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name CT CORPORATION SYSTEM

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

1200 SOUTH PINE ISLAND ROAD

City PLANTATION

FL

Zip Code
33324

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-stating)

DATE

January 1 - May 1 Fee is \$150.00

★ After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME P
STREET ADDRESS ROBERT M. GIOIA
CITY-ST-ZIP 1201 Elm St., Ste. 3500, Dallas, TX 75270

TITLE
NAME VP
STREET ADDRESS KENNETH E. SHADE
CITY-ST-ZIP 1201 Elm St., Ste. 3500, Dallas, TX 75270

TITLE
NAME CEO
STREET ADDRESS DANIEL LELAND
CITY-ST-ZIP 1201 Elm St., Ste. 3500, Dallas, TX 75270

TITLE
NAME T
STREET ADDRESS STACY HODGES
CITY-ST-ZIP 1201 Elm St., Ste. 3500, Dallas, TX 75270

TITLE
NAME S
STREET ADDRESS ALLEN R. TUBB
CITY-ST-ZIP 1201 Elm St., Ste. 3500, Dallas, TX 75270

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05/19/04

Date

214-859-6629

Daytime Phone #

CR2F034R (12/02)