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CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **M45684** (1)

1. Corporation Name  
**IFG NETWORK SECURITIES, INC.**

Principal Place of Business Mailing Address  
**3399 PEACHTREE RD., N.E.  
SUITE 1000  
ATLANTA GA 30326**

**FILED**  
95 JAN 27 PM 4:02  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **01/29/1987** 3a. Date of Last Report **01/25/1994**

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 24 Country 25 28 29 30

4. FEI Number **59-2765230** Applied For  Not Applicable  
5. Certificate of Status Desired  **\$8.75** Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution  **\$5.00** May Be Added to Fees  
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**C T CORPORATION SYSTEM  
8751 WEST BROWARD BLVD.  
PLANTATION FL 33324**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	LEDBETTER, H. DAVID
STREET ADDRESS	3399 PEACHTREE RD., N.E., Suite 1000
CITY-ST-ZIP	ATLANTA GA 30326
TITLE	D
NAME	SLOVIN, CLIVE
STREET ADDRESS	3399 PEACHTREE RD., N.E., Suite 1000
CITY-ST-ZIP	ATLANTA GA 30326
TITLE	V
NAME	SULLIVAN, JULIE A
STREET ADDRESS	3399 PEACHTREE RD., N.E., Suite 1000
CITY-ST-ZIP	ATLANTA GA 30326
TITLE	V
NAME	GILBERT, DON E
STREET ADDRESS	3399 PEACHTREE RD., N.E., Suite 1000
CITY-ST-ZIP	ATLANTA GA 30326
TITLE	S
NAME	KILLEN, IVAN L
STREET ADDRESS	3399 PEACHTREE RD., N.E., Suite 1000
CITY-ST-ZIP	ATLANTA GA 30326
TITLE	T
NAME	COUNTS, MILLCENT E
STREET ADDRESS	3399 PEACHTREE RD., N.E., Suite 1000
CITY-ST-ZIP	ATLANTA GA 30326

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	E. Paul Stewart
1.3 STREET ADDRESS	3399 Peachtree Rd., N.E., Suite 1000
1.4 CITY-ST-ZIP	Atlanta, GA 30326 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.1 TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Sandra A. Murray
2.3 STREET ADDRESS	3399 Peachtree Rd., N.E., Suite 1000
2.4 CITY-ST-ZIP	Atlanta, GA 30326 <input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 (2) Block 13 if changed, or on an attachment with an address.

SIGNATURE: *John A. Sullivan Vice President* *Julie A. Sullivan* 1/23/95 404-364-3100  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER OFFICER OR DIRECTOR (Date) (Signature) (Name #)