

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**  
**Apr 10 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

**DOCUMENT # M45684 (1)**  
 1. Corporation Name  
**IFG NETWORK SECURITIES, INC.**



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

Mailing Address  
**3399 PEACHTREE RD., N.E.  
 SUITE 1000  
 ATLANTA GA 30326-1117**

3. Date Incorporated or Qualified **01/29/1987** 3a. Date of Last Report **02/26/1996**

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

2. Principal Place of Business 2a. Mailing Address

21. State, Apt. #, etc. 26. State, Apt. #, etc.

22. City & State 27. City & State

23. Zip Country 28. Zip Country

24. Zip 25. Country 29. Zip 30. Country

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature required for each of registered agent and title 4 applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PD LEDBETTER, H. DAVID 3399 PEACHTREE RD NE SUITE 1000 ATLANTA GA</b> <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	<b>T Mitchell, Anthony W. 3399 Peachtree Rd., N.E., Suite 1000 Atlanta, GA 30326</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D SLOVIN, CLIVE 3399 PEACHTREE RD NE SUITE 1000 ATLANTA GA</b> <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	<b>VP Murray, Sandra A. 3399 Peachtree Rd., N.E., Suite 1000 Atlanta, GA 30326</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>V SULLIVAN, JULIE A 3399 PEACHTREE RD NE SUITE 1000 ATLANTA GA</b> <input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	<b>VP Stewart, E. Paul 3399 Peachtree Rd., N.E., Suite 1000 Atlanta, GA 30326</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>V GILBERT, DON E 3399 PEACHTREE RD NE SUITE 1000 ATLANTA GA</b> <input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>S KILLEN, IVAN L 3399 PEACHTREE RD NE SUITE 1000 ATLANTA GA</b> <input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>T COUNTS, MILLCENT E 3399 PEACHTREE RD NE SUITE 1000 ATLANTA GA</b> <input checked="" type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do 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 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 12 or Block 13 if changed, on an attachment with an address.

SIGNATURE: *[Signature]* **4/4/97** **4/4/97 404-841-6800**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #

CR2E034 (9/96)