

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2003 8:00 am
Secretary of State

02-24-2003 90194 001 ***150.00

06/27/95 MR

DOCUMENT # M45684



1. Entity Name
IFG NETWORK SECURITIES, INC.

Principal Place of Business
**3424 PEACHTREE RD NE
1900 MONARCH TOWER
ATLANTA GA 30326
US**

Mailing Address
**PO BOX 190150
ATLANTA GA 31119-150
US**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2765230**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
8751 WEST BROWARD BLVD.
PLANTATION FL 33324**

Name

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

City

FL

Zip Code

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 reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** Delete
NAME **CONLEY, ROBERT JACK**
STREET ADDRESS **3424 PEACHTREE RD NE, 1900 MONARCH TOWER**
CITY-ST-ZIP **ATLANTA GA 30326**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **DSV** Delete
NAME **LEDBETTER, DAVID H**
STREET ADDRESS **3424 PEACHTREE RD NE, 1900 MONARCH TOWER**
CITY-ST-ZIP **ATLANTA GA 30326**

TITLE **DV** Change Addition
NAME **David Ledbetter**
STREET ADDRESS **3424 Peachtree Rd NE, 1900 Monarch Tower**
CITY-ST-ZIP **Atlanta, GA 30326**

TITLE **V** Delete
NAME **GUZMAN, BARBARA**
STREET ADDRESS **3424 PEACHTREE RD NE, 1900 MONARCH TOWER**
CITY-ST-ZIP **ATLANTA GA 30326**

TITLE **SV** Change Addition
NAME **Richard Dunstan**
STREET ADDRESS **1290 Broadway**
CITY-ST-ZIP **Denver, CO 80203**

TITLE **V** Delete
NAME **BLACK, GLENN**
STREET ADDRESS **5780 POWERS FERRY RD**
CITY-ST-ZIP **ATLANTA GA 30327**

TITLE **CCO** Change Addition
NAME **Douglas Temple-Trujillo**
STREET ADDRESS **1290 Broadway**
CITY-ST-ZIP **Denver, CO 80203**

TITLE **V** Delete
NAME **PRYLES, VICTOR J**
STREET ADDRESS **3424 PEACHTREE RD NE, 1900 MONARCH TOWER**
CITY-ST-ZIP **ATLANTA GA 30326**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **TV** Delete
NAME **STEWART, E P**
STREET ADDRESS **3424 PEACHTREE RD NE, 1900 MONARCH TOWER**
CITY-ST-ZIP **ATLANTA GA 30326**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Richard V. Dunstan

2-13-03

303-446-8800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)