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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P09702** **(2)**

1. Corporation Name

ACB GOVERNMENT SECURITIES, INC.

Principal Place of Business

CORPORATION TRUST CENTER
WILMINGTON DE 19801

Mailing Address

C/O SAVINGS & COMMUNITY BANKERS
900 19TH STREET, NW, SUITE 400
WASHINGTON DC 20006
US

3. Date Incorporated or Qualified: **04/10/1986**

3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business
21
22 Suite, Apt. #, etc.
23 City & State
24 Zip 25 Country

2a. Mailing Address
26 America's Community Bankers
27 Suite, Apt. #, etc. 900 19th Street, NW, Suite 400
28 City & State Washington, DC
29 Zip 20006 30 Country USA

4. FEI Number: **36-3443130** ☐ Applied For ☐ Not Applicable

5. Good Standing 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

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
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 Section 607.0505, 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. Said 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 _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	1 TITLE	☐ Change ☐ Addition
NAME	SMITH, BRIAN		2 NAME	
STREET ADDRESS	111 E. WACKER DRIVE SUITE 2600		3 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL 60601		4 CITY-ST-ZIP	
TITLE	S	☒ DELETE	1 TITLE	☐ Change ☒ Addition
NAME	GASTEVER, PHILIP		2 NAME	S Causey, Dawn
STREET ADDRESS	900 19TH STREET		3 STREET ADDRESS	900 19th Street
CITY-ST-ZIP	WASHINGTON DC 20006		4 CITY-ST-ZIP	Washington, DC 20006
TITLE	PD	☐ DELETE	1 TITLE	☐ Change ☐ Addition
NAME	HAAS, S.G. F III		2 NAME	
STREET ADDRESS	900 19TH STREET		3 STREET ADDRESS	
CITY-ST-ZIP	WASHINGTON DC 20006		4 CITY-ST-ZIP	
TITLE	VD	☐ DELETE	1 TITLE	☐ Change ☐ Addition
NAME	FISHER, LAWRENCE R		2 NAME	
STREET ADDRESS	900 19TH STREET		3 STREET ADDRESS	
CITY-ST-ZIP	WASHINGTON DC 20006		4 CITY-ST-ZIP	
TITLE		☐ DELETE	1 TITLE	☐ Change ☐ Addition
NAME			2 NAME	
STREET ADDRESS			3 STREET ADDRESS	
CITY-ST-ZIP			4 CITY-ST-ZIP	
TITLE		☐ DELETE	1 TITLE	☐ Change ☐ Addition
NAME			2 NAME	
STREET ADDRESS			3 STREET ADDRESS	
CITY-ST-ZIP			4 CITY-ST-ZIP	

CR2E034 (12/95)

14. I hereby certify that the information supplied with this filing, including any fee, is true and accurate and that each updated name and address, shown 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 12 or Block 13 above, or on an attachment with an address.

SIGNATURE: Dawn R Causey 3/27/96 (202) 857-3187
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #