

ANNUAL REPORT
1997



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

DOCUMENT # P09702 (2)

CB GOVERNMENT SECURITIES, INC.

Place of Business
CORPORATION TRUST CENTER
WASHINGTON DE 19801

Mailing Address
C/O SAVINGS & COMMUNITY BANKERS
800 19TH STREET, NW, SUITE 400
WASHINGTON DC 20006
US

FILED
May 08 1997 8:00am
Secretary of State

Principal Place of Business

Mailing Address
26 America's Community Bankers

Suite, Apt. #, etc.

27 900 19TH Street, NW, Suite 400

City & State

28 Washington, DC

Country

29 20006

Country

30 USA

3. Date incorporated or Qualified
04/10/1986

4. Date of Last Report
05/01/1997

5. FBI Number
98-3443130

Applied For
Not Applicable

6. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Election Campaign Financing
That 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

Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
100 S. PINE ISLAND ROAD
PLANTATION FL 33324

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

In accordance with the provisions of Sections 607.0502 and 607.1506, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office,
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

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

NOTE: Registered Agent signature required when registering.

DATE

OFFICERS AND DIRECTORS

ADDRESS T-ZIP	NAME DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP
PD SMITH, BRIAN 111 E. WACKER DRIVE SUITE 2000 CHICAGO IL 60601	☐ DELETE						
S GASTEVEY, PHILIP 800 19TH STREET WASHINGTON DC 20006	☒ DELETE						
VP HAAS, S.G. F III 900 19TH STREET WASHINGTON DC 20006	☐ DELETE						
VP/T FISHER, LAWRENCE R 900 19TH STREET WASHINGTON DC 20006	☐ DELETE						
	☐ DELETE						
	☐ DELETE						

S
Caysey, Dawn
900 19th Street
Washington, DC 20006

800002182268
-05/19/97-01008--044
***165.00

CS
5/8/97

I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further
certify that the information indicated in this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if my name
appeared in Block 1 of the report. I am the registered agent or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and I am not a
partner, officer, director, or shareholder of the corporation.

S.C. 24 10-2