

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 11 PM 2:08

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # P21696

(0)

1. Corporation Name

COGDELL SECURITIES, INC.

Principal Place of Business

**3535 RANDOLPH ROAD
SUITE 109
CHARLOTTE NC 28211**

Mailing Address

**3535 RANDOLPH ROAD
SUITE 109
CHARLOTTE NC 28211**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

11/09/1988

3a. Date of Last Report

06/28/1994

4. FEI Number

56-1431649

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

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**LEBLANC, PHYLLIS J
ALL CHILDREN'S PHY OFFICE BLDG
SUITE 190 880 6TH ST S
ST PETERSBURG FL 33701**

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

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

(NOTE: Registered Agent signature required when nonstatutory)

DATE

12. OFFICERS AND DIRECTORS

TITLE	CD
NAME	COGDELL, JAMES W.
STREET ADDRESS	2149 ROLSTON DRIVE
CITY - ST - ZIP	CHARLOTTE NC
TITLE	PD
NAME	ROSE, THOMAS E.
STREET ADDRESS	4419 SIMSBURY ROAD
CITY - ST - ZIP	CHARLOTTE FL
TITLE	SD
NAME	STERMER, BONNEY K.
STREET ADDRESS	8327 ROUND HILL ROAD
CITY - ST - ZIP	CHARLOTTE NC
TITLE	VD
NAME	RANSOM, PATSY A
STREET ADDRESS	101 BRIARCLIFFE W
CITY - ST - ZIP	ELGIN SC
TITLE	AS
NAME	HOLLAND, BEVERLY N
STREET ADDRESS	4045 D KINGSGATE PLACE
CITY - ST - ZIP	CHARLOTTE NC
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	☐ Change ☐ 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)(b), 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 or as an attachment with an addition.

SIGNATURE: Bonney K. Stermer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/29/95 704 364-8711

Date

Telephone Number