

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

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**

3. Date Incorporated or Qualified: **11/09/1988**
3a. Date of Last Report: **04/11/1995**
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
25
26
27
28
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
85 Zip Code **FL**

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: _____ (Type or print name of registered agent and title, if applicable)
NOTE: Registered Agent signature required when re-registering.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD COGDELL, JAMES W. 2149 ROLSTON DRIVE CHARLOTTE NC	1. TITLE	C/D/P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSE, THOMAS E. 4419 SIMSBURY ROAD CHARLOTTE FL	2. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	STERMER, BONNEY K. 6327 ROUND HILL ROAD CHARLOTTE NC	3. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP	VD RANSOM, PATSY A 101 BRIARCLIFFE W ELGIN SC	4. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	AS HOLLAND, BEVERLY N 4045 D KINGSGATE PLACE CHARLOTTE NC	5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6. TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS		7. NAME	T Cornelius, Timothy C. 2324 Mill House Lane Matthews, NC 28105
CITY-ST-ZIP		8. STREET ADDRESS	
TITLE		9. CITY-ST-ZIP	
NAME		10. NAME	
STREET ADDRESS		11. STREET ADDRESS	
CITY-ST-ZIP		12. 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 119.07(3)(k), 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 on an attachment with an address.

SIGNATURE: *Bonney K. Stermer* **Bonney K. Stermer** 4/4/96 704 364-8711
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)