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FILED

Apr 10 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
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 28211-1032



2. Principal Place of Business

21 101 Matthews St.

Suite, Apt. #, etc.  
22 Suite 100

City & State

23 Matthews, NC

Zip

24 28105

Country

25 Mecklenburg

2a. Mailing Address

26 P.O. Box 1334

Suite, Apt. #, etc.

27

City & State

28 Matthews, NC

Zip

29 28106

Country

30 Mecklenburg

3. Date Incorporated or Qualified

11/09/1988

3a. Date of Last Report

04/10/1996

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

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

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL

B5

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 of name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

|                 |                       |  |
|-----------------|-----------------------|--|
| TITLE           | CDP                   | <input type="checkbox"/> DELETE            |
| NAME            | COGDELL, JAMES W.     |  |
| STREET ADDRESS  | 2149 ROLSTON DRIVE    |  |
| CITY - ST - ZIP | CHARLOTTE NC          |  |
| TITLE           | T                     | <input type="checkbox"/> DELETE            |
| NAME            | CORNELIUS, TIMOTHY C. |  |
| STREET ADDRESS  | 2324 MILL HOUSE LANE  |  |
| CITY - ST - ZIP | MATTHEWS NC           |  |
| TITLE           | S                     | <input checked="" type="checkbox"/> DELETE |
| NAME            | STERMER, BONNEY K.    |  |
| STREET ADDRESS  | 6327 ROUND HILL ROAD  |  |
| CITY - ST - ZIP | CHARLOTTE NC          |  |
| TITLE           | V                     | <input type="checkbox"/> DELETE            |
| NAME            | RANSOM, PATSY A       |  |
| STREET ADDRESS  | 101 BRIARCLIFFE W     |  |
| CITY - ST - ZIP | ELGIN SC              |  |
| TITLE           |                       | <input type="checkbox"/> DELETE            |
| NAME            |                       |  |
| STREET ADDRESS  |                       |  |
| CITY - ST - ZIP |                       |  |
| TITLE           |                       | <input type="checkbox"/> DELETE            |
| NAME            |                       |  |
| STREET ADDRESS  |                       |  |
| CITY - ST - ZIP |                       |  |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                     |   |
|---------------------|---|
| 1.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME            |   |
| 1.3 STREET ADDRESS  |   |
| 1.4 CITY - ST - ZIP |   |
| 2.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME            |   |
| 2.3 STREET ADDRESS  |   |
| 2.4 CITY - ST - ZIP |   |
| 3.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME            | Cornelius, Timothy C.   |
| 3.3 STREET ADDRESS  | 2324 Mill House Lane  |
| 3.4 CITY - ST - ZIP | Matthews, NC  |
| 4.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME            |   |
| 4.3 STREET ADDRESS  |   |
| 4.4 CITY - ST - ZIP |   |
| 5.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME            |   |
| 5.3 STREET ADDRESS  |   |
| 5.4 CITY - ST - ZIP |   |
| 6.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> 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 does not qualify for the exemption stated in Section 119.07(3)(i), 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:

*Timothy C. Cornelius*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-2-97

Date

Daytime Phone #

CP2E034 (9/96)