FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P25433** **(4)**

1. Corporation Name

CSI BROKERAGE SERVICES, INC.

Principal Place of Business	Mailing Address
244 PERIMETER CENTER PARKWAY. NE ATLANTA GA 30346	244 PERIMETER CENTER PARKWAY. NE ATLANTA GA 30346

3. Date Incorporated or Qualified: **07/26/1989**

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

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

2a. Mailing Address (26): Suite, Apt. #, etc. (27): City & State (28): Zip (29): Country (30)

4. FEI Number: **58-1522746** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒X **$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

KINMAN, JOSEPH F., JR.
501 E. KENNEDY BLVD.
TAMPA, FL 33601 FL

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 _____ (NOTE: Registered Agent's signature required when reinstating) DATE _____

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PDC	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	HOWARD, J. RIDLEY		1.2 NAME		
STREET ADDRESS	1176 BROOKGATE WAY		1.3 STREET ADDRESS		
CITY-ST-ZIP	ATLANTA GA		1.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	FINCHER, ROBERT L.		2.2 NAME		
STREET ADDRESS	9395 CLUBLANDS DR.		2.3 STREET ADDRESS		
CITY-ST-ZIP	ALPHARETTA GA		2.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	3.1 TITLE		☒X Change ☐ Addition
NAME	COKER, CINDY S.		3.2 NAME	SWINSON, CINDY M.	
STREET ADDRESS	4588 EAST BROOKHAVEN DR		3.3 STREET ADDRESS		
CITY-ST-ZIP	ATLANTA GA		3.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	HOLCOMBE, L.B.		4.2 NAME		
STREET ADDRESS	5675 GROVE POINTE ROAD		4.3 STREET ADDRESS		
CITY-ST-ZIP	ALPHARETTA GA		4.4 CITY-ST-ZIP		
TITLE	VTD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	MEADER, GARY W.		5.2 NAME		
STREET ADDRESS	200 WALHALLA COURT		5.3 STREET ADDRESS		
CITY-ST-ZIP	ATLANTA GA		5.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	BARLOW, WILLIAM J		6.2 NAME		
STREET ADDRESS	610 RIDGEBROOK POINT		6.3 STREET ADDRESS		
CITY-ST-ZIP	ROSWELL GA		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 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: William J Barlow William J. Barlow; V.P./Controller (770) 391-8600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)