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FILED
Jun 16 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# P25433

(4)

1. Corporation Name

CSI BROKERAGE SERVICES, INC.

Principal Place of Business

244 PERIMETER CENTER PARKWAY, NE
ATLANTA GA 30346

Mailing Address

244 PERIMETER CENTER PARKWAY, NE
ATLANTA GA 30346-2302

3. Date incorporated or Qualified

07/26/1989

3a. Date of Last Report

06/07/1996

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

58-1522746

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PDC
NAME HOWARD, J. RIDLEY
STREET ADDRESS 1178 BROOKGATE WAY
CITY-ST-ZIP ATLANTA GA ☐ DELETE

TITLE VD
NAME FINCHER, ROBERT L.
STREET ADDRESS 9395 CLUBLANDS DR.
CITY-ST-ZIP ALPHARETTA GA ☐ DELETE

TITLE S
NAME SWINSON, CINDY M.
STREET ADDRESS 4588 EAST BROOKHAVEN DR
CITY-ST-ZIP ATLANTA GA ☐ DELETE

TITLE TD
NAME HOLCOMBE, L.B.
STREET ADDRESS 5875 GROVE POINTE ROAD
CITY-ST-ZIP ALPHARETTA GA ☐ DELETE

TITLE VTD
NAME MEADER, GARY W.
STREET ADDRESS 200 WALHALLA COURT
CITY-ST-ZIP ATLANTA GA ☐ DELETE

TITLE V
NAME BARLOW, WILLIAM J
STREET ADDRESS 610 RIDGEBROOK POINT
CITY-ST-ZIP ROSWELL GA ☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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:

William J. Barlow

William J. Barlow, V.P./Controller 6/9/97 770 391-8600

CR2E034 (9/96)