2004 FOR PROFIT CORPORATION ANNUAL REPORT

04 MAY 11 AM 10: 09 DOCUMENT # P30811 1. Entity Name COMPASS SECURITIES, INC. TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address **701 S. 32ND STREET** P.O. BOX 10566 ACCOUNTING DIVISION BIRMINGHAM, AL 35233 BIRMINGHAM, AL 35296 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04202004 Chg-P CR2E034 (10/03) City & State City & State 4. FFI Number Applied For 63-1031139 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and life if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE SVCD Π Deleta TITLE ☐ Change ☐ Addition POWELL, JERRY NAME NAME STREET ADDRESS 15 SOUTH 20TH ST. STREET ADDRESS CITY-ST-ZIP BIRMINGHAM, AL CITY-ST-7P TD TITLE ☐ Delete IIILE ☐ Change Addition HEGEL, GARRETT R. NAME NAME 15 SOUTH 20TH ST. STREET ADDRESS STREET ADDRESS CITY-ST-ZP BIRMINGHAM, AL CITY-ST-ZIP TIFLE CAO **∑** Delete TITLE CAO Change ☐ Addition JOURNY, TIMOTHY Prossland, Kick NAME NAME 15 SOUTH 20TH STREET STREET ADDRESS STREET ADORESS 15 5 20m ST CITY-ST-ZIP BIRMINGHAM, AL COY-ST-7P TITLE TITLE ☐ Delete Change ☐ Addition NAME GRANT, MITCH NAME STREET ADDRESS 15 SOUTH 20TH STREET STREET ADORESS BIRMINGHAM, AL CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE O Delete ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY+ST- 7IP CITY-ST-ZIP TITLE ☐ Delete TIBLE Change ☐ Addition NAME MARKE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 truster employeered to execute this report as required by Chapter 607, Florida Statutes: and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. SIGNATURE:

04-28-2004 90326 001 *1.650.00

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