

2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000002544

Entity Name: W&S BROKERAGE SERVICES, INC.**Current Principal Place of Business:**400 BROADWAY, MS 36
CINCINNATI, OH 45202**Current Mailing Address:**400 BROADWAY, MS 36
CINCINNATI, OH 45202**FEI Number:** 31-0846576**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US*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.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	D
Name	MCGRUDER, JILL T
Address	303 BROADWAY SUITE 1100
City-State-Zip:	CINCINNATI OH 45202

Title	D
Name	WUEBBLING, DONALD J
Address	400 BROADWAY
City-State-Zip:	CINCINNATI OH 45202

Title	D
Name	DUNN, BRYAN C
Address	400 BROADWAY
City-State-Zip:	CINCINNATI OH 45202

Title	CCO
Name	SHOEMAKE, THOMAS A
Address	303 BROADWAY SUITE 1100
City-State-Zip:	CINCINNATI OH 45202

Title	S
Name	MALONE, RHONDA
Address	400 BROADWAY
City-State-Zip:	CINCINNATI OH 45202

Title	T
Name	VANCE, JAMES J
Address	400 BROADWAY
City-State-Zip:	CINCINNATI OH 45202

Title	PRESIDENT
Name	GARCIA, ANTHONY
Address	400 BROADWAY, MS 36
City-State-Zip:	CINCINNATI OH 45202

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: THOMAS A SHOEMAKE**SR COMPLIANCE
OFFICER / CCO****01/09/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date