

**2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F11000001182

**Entity Name:** EVERBANK FINANCIAL CORP

**Current Principal Place of Business:**

501 RIVERSIDE AVENUE  
12TH FLOOR  
JACKSONVILLE, FL 32202

**Current Mailing Address:**

501 RIVERSIDE AVENUE  
12TH FLOOR  
JACKSONVILLE, FL 32202

**FEI Number:** 90-0615674

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 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            CEO  
Name            CLEMENTS, ROBERT M  
Address        501 RIVERSIDE AVENUE, 12TH  
                  FLOOR  
City-State-Zip: JACKSONVILLE FL 32202

Title            PSTD  
Name            WILSON, BLAKE  
Address        501 RIVERSIDE AVENUE, 12TH  
                  FLOOR  
City-State-Zip: JACKSONVILLE FL 32202

Title            SECRETARY  
Name            HAJDA , THOMAS A.  
Address        501 RIVERSIDE AVENUE, 12TH  
                  FLOOR  
City-State-Zip: JACKSONVILLE FL 32202

*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. HAJDA

**SECRETARY**

**04/29/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date