


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Jan 30 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # M45684 (1)
 1. Corporation Name
IFG NETWORK SECURITIES, INC.



Principal Place of Business 3399 PEACHTREE RD., N.E. SUITE 1000 ATLANTA GA 30326	Mailing Address 3399 PEACHTREE RD., N.E. SUITE 1000 ATLANTA GA 30326
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DO NOT WRITE IN THIS SPACE

21 2. Principal Place of Business 3424 Peachtree Rd NE Suite, Apt. #, etc. 1900 Monarch Tower	2a. Mailing Address PO Box 190150 Suite, Apt. #, etc.
23 City & State Atlanta, GA	28 City & State Atlanta, GA
24 Zip 30326	29 Zip 31119-0150
25 Country USA	30 Country USA

3. Date Incorporated or Qualified 01/29/1987	Applied For <input type="checkbox"/> Not Applicable
4. FEI Number 59-2765230	
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
C T CORPORATION SYSTEM
8751 WEST BROWARD BLVD.
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LEOBETTER, H. DAVID 3399 PEACHTREE RD NE SUITE 1000 ATLANTA GA <input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SLOVIN, CLIVE 3399 PEACHTREE RD NE SUITE 1000 ATLANTA GA <input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SULLIVAN, JULIE A 3399 PEACHTREE RD NE SUITE 1000 ATLANTA GA <input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GILBERT, DON E 3399 PEACHTREE RD NE SUITE 1000 ATLANTA GA <input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KILLEN, IVAN L 3399 PEACHTREE RD NE SUITE 1000 ATLANTA GA <input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MITCHELL, ANTHONY W 3399 PEACHTREE RD NE SUITE 1000 ATLANTA GA <input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
12 NAME	3424 Peachtree Rd NE, 1900 Monarch Tower
13 STREET ADDRESS	Atlanta, GA 30326
14 CITY-ST-ZIP	
21 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
22 NAME	3424 Peachtree Rd NE, 1900 Monarch Tower
23 STREET ADDRESS	Atlanta, GA 30326
24 CITY-ST-ZIP	
31 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
32 NAME	3424 Peachtree Rd NE, 1900 Monarch Tower
33 STREET ADDRESS	Atlanta, GA 30326
34 CITY-ST-ZIP	
41 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
52 NAME	3424 Peachtree Rd NE, 1900 Monarch Tower
53 STREET ADDRESS	Atlanta, GA 30326
54 CITY-ST-ZIP	
61 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
62 NAME	3424 Peachtree Rd NE, 1900 Monarch Tower
63 STREET ADDRESS	Atlanta, GA 30326
64 CITY-ST-ZIP	

14. I 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: Sandra B. Mortham, Secretary of State

CR2E034 (10/97)

Business Address for all of the following officers is:

3424 Peachtree Road NE
Suite 1900
Monarch Tower
Atlanta, GA 30326

Officers:

Sandra A. Murray, Vice President

E. Paul Stewart, Vice President

Scott Walker, Vice President