

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 25, 2000 8:00 am**  
**Secretary of State**

04-25-2000 90015 047 \*\*\*150.00

**DOCUMENT # M45684**

1. Entity Name  
**IFG NETWORK SECURITIES, INC.**

Principal Place of Business <b>3424 PEACHTREE RD NE          1900 MONARCH TOWER          ATLANTA GA 30326          US</b>	Mailing Address <b>PO BOX 190150          ATLANTA GA 31119-0150          US</b>
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number <b>59-2765230</b>	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

**C T CORPORATION SYSTEM  
 8751 WEST BROWARD BLVD.  
 PLANTATION FL 33324**

**7. Name and Address of New Registered Agent**

Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	<b>FL</b> 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.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.   
 (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**11. OFFICERS AND DIRECTORS**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	<b>PC</b> <input type="checkbox"/> Delete
NAME	<b>LEDBETTER, H D</b>
STREET ADDRESS	<b>3424 PEACHTREE RD NE, 1900 MONARCH TOWER</b>
CITY-ST-ZIP	<b>ATLANTA GA 30326</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> Delete
NAME	<b>SLOVIN, CLIVE</b>
STREET ADDRESS	<b>3424 PEACHTREE RD NE, 1900 MONARCH TOWER</b>
CITY-ST-ZIP	<b>ATLANTA GA 30326</b>
TITLE	<b>V</b> <input checked="" type="checkbox"/> Delete
NAME	<b>SULLIVAN, JULIE A</b>
STREET ADDRESS	<b>3424 PEACHTREE RD NE, 1900 MONARCH TOWER</b>
CITY-ST-ZIP	<b>ATLANTA GA 30326</b>
TITLE	<b>V</b> <input checked="" type="checkbox"/> Delete
NAME	<b>WALKER, SCOTT S</b>
STREET ADDRESS	<b>3424 PEACHTREE RD NE 1900 MONARCH TWR</b>
CITY-ST-ZIP	<b>ATLANTA GA 30326</b>
TITLE	<b>S</b> <input checked="" type="checkbox"/> Delete
NAME	<b>KILLEN, IVAN L</b>
STREET ADDRESS	<b>3424 PEACHTREE RD NE, 1900 MONARCH TOWER</b>
CITY-ST-ZIP	<b>ATLANTA GA 30326</b>
TITLE	<b>TV</b> <input type="checkbox"/> Delete
NAME	<b>STEWART, E P</b>
STREET ADDRESS	<b>3424 PEACHTREE RD NE, 1900 MONARCH TOWERQ</b>
CITY-ST-ZIP	<b>ATLANTA GA 30326</b>

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Brian Nygaard</b>
STREET ADDRESS	<b>3424 Peachtree Rd NE, 1900 Monarch Tower</b>
CITY-ST-ZIP	<b>Atlanta, GA 30326</b>
TITLE	<b>V</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Barbara Guzman</b>
STREET ADDRESS	<b>3424 Peachtree Rd NE, 1900 Monarch Tower</b>
CITY-ST-ZIP	<b>Atlanta, GA 30326</b>
TITLE	<b>V</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>John Dougherty</b>
STREET ADDRESS	<b>3424 Peachtree Rd NE, 1900 Monarch Tower</b>
CITY-ST-ZIP	<b>Atlanta, GA 30326</b>
TITLE	<b>S</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Sydne Cooper</b>
STREET ADDRESS	<b>3424 Peachtree Rd NE, 1900 Monarch Tower</b>
CITY-ST-ZIP	<b>Atlanta, GA 30326</b>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. 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 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 trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Sydne Cooper* **4-18-00**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)

#M45684

D0037356

**IFG Network Securities, Inc.**

**Additional Officer:**

Glenn Black, Vice President, Taxation  
5780 Powers Ferry Road NW  
Atlanta, GA 30327