

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2001 8:00 am
Secretary of State

05-02-2001 90181 042 ***150.00

DOCUMENT # M45684

1. Entity Name
IFG NETWORK SECURITIES, INC.

Principal Place of Business 3424 PEACHTREE RD NE 1900 MONARCH TOWER ATLANTA GA 30326 US	Mailing Address PO BOX 190150 ATLANTA GA 31119-150 US
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C0057707



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-2765230		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

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			
				FL		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) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PC	<input checked="" type="checkbox"/> Delete	TITLE	P/C/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LEDBETTER, H D		NAME	Lynn R. Niedermeier	
STREET ADDRESS	3424 PEACHTREE RD NE, 1900 MONARCH TOWER		STREET ADDRESS	3424 Peachtree Rd NE, 1900 Monarch Tower	
CITY-ST-ZIP	ATLANTA GA 30326		CITY-ST-ZIP	Atlanta, Ga 30326	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NYGAARD, BRIAN		NAME	H. David Ledbetter	
STREET ADDRESS	3424 PEACHTREE RD NE, 1900 MONARCH TOWER		STREET ADDRESS	3424 Peachtree Rd NE, 1900 Monarch Tower	
CITY-ST-ZIP	ATLANTA GA 30326		CITY-ST-ZIP	Atlanta, Ga 30326	
TITLE	V	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUZMAN, BARBARA		NAME		
STREET ADDRESS	3424 PEACHTREE RD NE, 1900 MONARCH TOWER		STREET ADDRESS		
CITY-ST-ZIP	ATLANTA GA 30326		CITY-ST-ZIP		
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	V/S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DOUGHERTY, JOHN		NAME	Richard V. Dunstan	
STREET ADDRESS	3424 PEACHTREE RD NE 1900 MONARCH TWR		STREET ADDRESS	3424 Peachtree Rd NE, 1900 Monarch Tower	
CITY-ST-ZIP	ATLANTA GA 30326		CITY-ST-ZIP	Atlanta, Ga 30326	
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COOPER, SYDNE		NAME	Ashley Agard	
STREET ADDRESS	3424 PEACHTREE RD NE, 1900 MONARCH TOWER		STREET ADDRESS	3424 Peachtree Rd NE, 1900 Monarch Tower	
CITY-ST-ZIP	ATLANTA GA 30326		CITY-ST-ZIP	Atlanta, Ga 30326	
TITLE	TV	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEWART, E P		NAME		
STREET ADDRESS	3424 PEACHTREE RD NE, 1900 MONARCH TOWERQ		STREET ADDRESS		
CITY-ST-ZIP	ATLANTA GA 30326		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: _____ DATE: **4-26-01** DAYTIME PHONE #: **404-841-6808**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)