

1.) CORPORATION NAME:

Raymond James Financial Services, Inc.

DUE DATE: **4/30/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM
4701 COX RD STE 301
GLEN ALLEN, VA**

SCC ID NO: **F0291304**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

FL

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 880 CARILLON PARKWAY

CITY/ST/ZIP: ST PETERSBURG, FL 33716

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME:	DONALD RUNKLE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	880 CARILLON PKWY		
CITY/ST/ZIP/CO:	ST PETERSBURG, FL 33716		
NAME:	RICHARD FRANZ II	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	880 CARILLON PKWY		
CITY/ST/ZIP/CO:	ST PETERSBURG, FL 33716		
NAME:	RICHARD G AVERITT III	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	880 CARILLON PKWY		
CITY/ST/ZIP/CO:	ST PETERSBURG, FL 33716		
NAME:	MARY E HAAS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	880 CARILLON PKWY		
CITY/ST/ZIP/CO:	ST PETERSBURG, FL 33716		
NAME:	CHET HELCK	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	880 CARILLON PKWY		
CITY/ST/ZIP/CO:	ST PETERSBURG, FL 33716		
NAME:	JAMES A FULP	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	880 CARILLON PARKWAY		
CITY/ST/ZIP/CO:	ST PETERSBURG, FL 33716		

NAME: JOHN W HOUSTON TITLE: DIRECTOR ADDRESS: 880 CARILLON PARKWAY CITY/ST/ZIP/CO: ST PETERSBURG, FL 33716	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: THOMAS R TREMAINE TITLE: DIRECTOR ADDRESS: 880 CARILLON PARKWAY CITY/ST/ZIP/CO: ST PETERSBURG, FL 33716	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: GREGORY C WILLIAMS TITLE: DIRECTOR ADDRESS: 880 CARILLON PARKWAY CITY/ST/ZIP/CO: ST PETERSBURG, FL 33716	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: SCOTT A CURTIS TITLE: PRESIDENT ADDRESS: 880 CARILLON PARKWAY CITY/ST/ZIP/CO: ST PETERSBURG, FL 33716	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: ANITA M KAILING TITLE: ASST SECRETARY ADDRESS: 880 CARILLON PARKWAY CITY/ST/ZIP/CO: ST PETERSBURG, FL 33716	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.		
/s/ ANITA MKAILING SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	ANITA MKAILING, PRINTED NAME AND CORPORATE TITLE	4/3/2013 DATE
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.		