

1.) CORPORATION NAME:

**Raymond James Financial Services, Inc.**

DUE DATE: **4/30/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM  
4701 COX ROAD, SUITE 285  
GLEN ALLEN, VA**

SCC ID NO: **F0291304**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	5,000

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:	Scott A. Curtis	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	880 Carillon Parkway		
CITY/ST/ZIP/CO:	St. Petersburg, FL 33716		
NAME:	Donald K. Runkle	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SVP		
ADDRESS:	880 Carillon Parkway		
CITY/ST/ZIP/CO:	St. Petersburg, FL 33716		
NAME:	Richard B. Franz, II	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	880 Carillon Parkway		
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 Parkway		
CITY/ST/ZIP/CO:	St. Petersburg, FL 33716		
NAME:	Anita M. Kailing	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	880 Carillon Parkway		
CITY/ST/ZIP/CO:	St. Petersburg, FL 33716		
NAME:	John W. Houston	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SVP		
ADDRESS:	880 Carillon Parkway		
CITY/ST/ZIP/CO:	St. Petersburg, FL 33716		

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
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/ Mary E. Haas	Mary E. Haas, SECRETARY	3/31/2014
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	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.		