

1.) CORPORATION NAME:

**STERNE, AGEE & LEACH, INC.**

DUE DATE: **5/31/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**NATIONAL REGISTERED AGENTS, INC.  
4701 COX ROAD, SUITE 285  
GLEN ALLEN, VA**

SCC ID NO: **F1488263**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	2,500

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HENRICO COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**DE**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 800 SHADES CREEK PKWY SUITE 700

CITY/ST/ZIP: BIRMINGHAM, AL 35209

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:	JAMES S HOLBROOK, JR	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CHAIRMAN/CEO		
ADDRESS:	800 SHADES CREEK PARKWAY		
CITY/ST/ZIP/CO:	STE 700 BIRMINGHAM, AL 35209		
NAME:	WALTER S ROBERTSON, III	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT/COO		
ADDRESS:	800 SHADES CREEK PKWY		
CITY/ST/ZIP/CO:	SUITE 700 BIRMINGHAM, AL 35209		
NAME:	WILLIAM K HOLBROOK	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	800 SHADES CREEK PKWY		
CITY/ST/ZIP/CO:	SUITE 700 BIRMINGHAM, AL 35209		
NAME:	JAMES F DIXON, III	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	800 SHADES CREEK PKWY		
CITY/ST/ZIP/CO:	SUITE 700 BIRMINGHAM, AL 35209		
NAME:	RYAN C MEDO	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	800 SHADES CREEK PKWY		
CITY/ST/ZIP/CO:	SUITE 700 BIRMINGHAM, AL 35209		
NAME:	JON B SANDERSON	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	800 SHADES CREEK PKWY, STE 700		
CITY/ST/ZIP/CO:	BIRMINGHAM, AL 35209		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ROBERT C CORNE CFO 800 SHADES CREEK PKWY, STE 700 BIRMINGHAM, AL 35209	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ADAM J ASPES DIRECTOR 800 SHADES CREEK PKWY, STE 700 BIRMINGHAM, AL 35209	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CHARLES R WHITE, JR DIRECTOR 800 SHADES CREEK PKWY, STE 700 BIRMINGHAM, AL 35209	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	J CARY COOPER DIRECTOR 800 SHADES CREEK PKWY, STE 700 BIRMINGHAM, AL 35209	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CHAPPELL H HILL DIRECTOR 800 SHADES CREEK PKWY, STE 700 BIRMINGHAM, AL 35209	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	BRANTLEY T MCDUFFIE DIRECTOR 800 SHADES CREEK PKWY, STE 700 BIRMINGHAM, AL 35209	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	THOMAS P TAYLOR DIRECTOR 800 SHADES CREEK PKWY, STE 700 BIRMINGHAM, AL 35209	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	BRIAN M SEPE DIRECTOR 800 SHADES CREEK PKWY, STE 700 BIRMINGHAM, AL 35209	<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/ WILLIAM K HOLBROOK SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	WILLIAM K HOLBROOK, SECRETARY PRINTED NAME AND CORPORATE TITLE	5/7/2014 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.			