

1.) CORPORATION NAME:

EverBank Wealth Management, Inc.

DUE DATE: **12/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CORPORATION SERVICE COMPANY
1111 E MAIN ST 16TH FL
RICHMOND, VA**

SCC ID NO: **F1914888**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

DE

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 501 RIVERSIDE AVENUE
12TH FLOOR

CITY/ST/ZIP: JACKSONVILLE, FL 32202

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:	DAVID CONOVER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	501 RIVERSIDE AVENUE 12TH FLOOR JACKSONVILLE, FL 32202		
CITY/ST/ZIP/CO:			

NAME:	THOMAS A HAJDA	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	501 RIVERSIDE AVENUE 12TH FLOOR JACKSONVILLE, FL 32202		
CITY/ST/ZIP/CO:			

NAME:	ROBERT M. CLEMENTS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	501 RIVERSIDE AVENUE 12TH FLOOR JACKSONVILLE, FL 32202		
CITY/ST/ZIP/CO:			

NAME:	BLAKE WILSON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	501 RIVERSIDE AVENUE 12TH FLOOR JACKSONVILLE, FL 32202		
CITY/ST/ZIP/CO:			

NAME:	MARY OWENS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	CFO/TREASURER		
ADDRESS:	501 RIVERSIDE AVENUE 12TH FLOOR JACKSONVILLE, FL 32202		
CITY/ST/ZIP/CO:			

NAME:	JOHN SURFACE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	501 RIVERSIDE AVENUE 12TH FLOOR		
CITY/ST/ZIP/CO:	JACKSONVILLE, FL 32202		

NAME:	FRANCIS O. TROTTER III	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	8300 EAGER ROAD SUITE 700		
CITY/ST/ZIP/CO:	ST. LOUIS, MO 63144		

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/ THOMAS A HAJDA	THOMAS A HAJDA, SECRETARY	10/22/2013
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.