



09041901

FR G-FIN  
OMB No. 7100-0224  
Average hours per response: 1.0  
Approval expires April 30, 2010

OFFICIAL USE  
11-00514

**Notice of Government Securities Broker or Government Securities Dealer Activities  
To Be Filed by a Financial Institution Under Section 15C(a)(1)(B)  
of the Securities Exchange Act of 1934**

1. Check appropriate regulatory agency (ARA):

- A.  Comptroller of the Currency
- B.  Board of Governors of the Federal Reserve System
- C.  Federal Deposit Insurance Corporation
- D.  Office of Thrift Supervision
- E.  Securities and Exchange Commission

2. Conducts business as:

- A.  Government Securities Broker
- B.  Government Securities Dealer
- C.  Government Securities Broker and Dealer

3. Filing status of notice

- A.  Notice
- B.  Amendment

SECURITIES AND EXCHANGE COMMISSION  
**RECEIVED**  
JUL 15 2009  
BRANCH OF REGISTRATIONS  
AND  
EXAMINATIONS

4. A. Full name of the financial institution: **CenterState Bank of Florida  
CenterState Bank – Correspondent Banking and Investment Department**

B. Address of principal office of financial institution: **1101 First Street South, Winter Haven, FL 33880**

C. Address of principal office where government securities broker or government securities dealer activities will be conducted (if different from item (B)):  
**3800 Colonnade Parkway, Suite 210, Birmingham, AL 35243**

D. Mailing address if different from (B) or (C):

E. Name, title and telephone number of contact person with respect to this notice:

<b>W. Scott Clemmons, SVP</b>	<b>205-968-2900</b>
Name	Telephone

5. Does financial institution conduct, or will it conduct, government securities broker or government securities dealer activities at any location other than given in Question 4 above? A.  Yes B.  No

(If yes, provide addresses and describe activities.)

**Atlanta Office:** The applicant is establishing an office of supervisory jurisdiction at: **Platinum Tower, 400 Interstate North Parkway, Atlanta, GA 30339**  
Municipal activities will include trading and sales. In addition to municipal activities, applicant also acts in the capacity of a Government Securities Dealer. Applicant may also act in the capacity of a riskless principal or agent purchasing and selling various fixed income securities including preferred stocks.

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6. Furnish the name and title of each person who is directly engaged in the management, direction or supervision of any of the financial institution's government securities broker or government securities dealer activities:

Full Name			
Clemmons	William	Scott	SVP
Last	First	Middle	Title
Tucker	Mark	Richardson	SVP
Last	First	Middle	Title
Jones	Allan	Bradford	SVP
Last	First	Middle	Title
Albright	William	Andrew	SVP
Last	First	Middle	Title
Aksough	Richardson	Fowler	SVP
Last	First	Middle	Title

Note: Attach a separate Form G-FIN-4 (or, if previously filed, a copy of Form MSD-4 or Form U-4) for each person named in item 6.

7. Has any "associated person" (see definition in paragraph A.7. of the instructions) responded "yes" to any question in Item 17 of Form G-FIN-4, or "yes" to one or more questions in Items 23 through 26 of Form MSD-4 or Item 22 on Form U-4?

- A.  Yes                      B.  No

Note: The financial institution and the person executing this form are responsible for making an inquiry of all other employers of any associated person during the immediately preceding three years for the purpose of verifying the accuracy of the information furnished on Form G-FIN-4. (See 17 C.F.R. 400.4(c).) Similar requirements are applicable to Form MSD-4 and Form U-4.

8. The financial institution submitting this notice and the person executing it represent that all of the information contained herein is true, current and complete.

Please print name and title of person executing this notice:

William	Scott	Clemmons	SVP
First	Middle	Last	Title
			7-13-09
Manual Signature			Date

6. Furnish the name and title of each person who is directly engaged in the management, direction or supervision of any of the financial institution's government securities broker or government securities dealer activities:

Full Name			
<i>Martinez</i>	<i>Lena</i>	<i>Finch</i>	<i>Trader</i>
Last	First	Middle	Title
<i>Hammock</i>	<i>James</i>	<i>N</i>	<i>SVP</i>
Last	First	Middle	Title
Last	First	Middle	Title
Last	First	Middle	Title

**Note: Attach a separate Form G-FIN-4 (or, if previously filed, a copy of Form MSD-4 or Form U-4) for each person named in item 6.**

7. Has any "associated person" (see definition in paragraph A.7. of the instructions) responded "yes" to any question in Item 17 of Form G-FIN-4, or "yes" to one or more questions in Items 23 through 26 of Form MSD-4 or Item 22 on Form U-4?

A.  Yes                      B.  No

**Note: The financial institution and the person executing this form are responsible for making an inquiry of all other employers of any associated person during the immediately preceding three years for the purpose of verifying the accuracy of the information furnished on Form G-FIN-4. (See 17 C.F.R. 400.4(c).) Similar requirements are applicable to Form MSD-4 and Form U-4.**

8. The financial institution submitting this notice and the person executing it represent that all of the information contained herein is true, current and complete.

Please print name and title of person executing this notice:

<i>William</i>	<i>Scott</i>	<i>Clemmons</i>	<i>SVP</i>
First	Middle	Last	Title
<i>William Scott Clemmons</i>			<i>7-13-09</i>
Manual Signature			Date

## Schedule A of FORM MSD

(Answers in response to items 5 and 7 of FORM MSD)

NOTE: (a) Complete a separate Schedule A for each person named in item 5 and each person subject to any action reported under item 7.  
 (b) State all names in the order of last name, first name, full middle name. If any person legally has only an initial, so indicate after the initial.

I. Full name of applicant exactly as stated in item 2(a) of Form MSD:

Centerstate Bank of Florida

II. Full name of person for whom this Schedule is being completed:

William Scott Clemmens

III. (a) Residence address of person for whom this Schedule is being completed:

4040 Lambert Trail                      Vestavia                      AL                      35242

NUMBER AND STREET

City

STATE

Zip

Code

(b) Date of Birth: 4/22/71    (c) City of Birth: OPP    (d) State or Province: AL    (e) Country: USA

IV. NAMES USED: Furnish below a list of all names individual has been known by or has used, including maiden name if applicable. If no other names used, state "None."

LAST	FIRST	MIDDLE	LAST	FIRST	MIDDLE
None.					

V. EDUCATION. Furnish below a description of the education of the person named in item II of this Schedule (include name and location of last high school attended, name and location of any college or university attended, degree or degrees received and year or years in which received).

Mountain Brook High School 1989  
 Univ of Alabama at Birmingham BS 1993  
 Univ of Alabama at Birmingham MBA 1998

VI. BUSINESS BACKGROUND: Furnish below a complete, consecutive statement of all business experience and employment for the past ten years. List the last position first. If none, state "None."

Name of Firm and Address	Kind of Business	Exact Nature of Connection or Employment	Beginning Date		Ending Date	
			Mo.	Yrs.	Mo.	Yrs.
RBC Bank	Bond Trading	Trader	6	08	10	08
First American Bank	Bond Trading	Trader/Fin Anal	8	95	6	08

VII. PROCEEDINGS: If any answer to any paragraph of item 7 is "Yes" with respect to the person for whom this Schedule is being completed, furnish the following details:

Applicable Paragraph of Item 7	Title or Description of Action	Name and Location of Court, Agency, Jurisdiction or Self-Regulatory Organization	Nature and Date of Disposition of Proceeding

If any item on this page is amended, you must answer in full all other items on this page and file with a completed page 1, and signed execution page. No Schedule required by an item on this page need be filed with an amended item unless the Schedule itself is amended.

ATTENTION: INTENTIONAL MISSTATEMENTS OR OMISSIONS OF FACT CONSTITUTE FEDERAL CRIMINAL VIOLATIONS [See 18 U.S.C. 1001 and 15 U.S.C. 781(a)]

**FORM MSD-4**  
**Uniform Application for**  
**Municipal Securities Principal or Municipal Securities Representative**  
**Associated with a Bank Municipal Securities Dealer**

1. APPLICANT NAME Clemmons William Scott  
Last First Middle (if none, write "n/a")

2. BANK MUNICIPAL SECURITIES DEALER:  
 A. NAME CENTERSTATE BANK OF FLORIDA - BOND DEPT.  
 B. REGISTRATION NUMBER \_\_\_\_\_  
 C. MAIN ADDRESS 1101 1<sup>ST</sup> STREET SOUTH  
WINTERHAVEN, FL 33880

3. OFFICE OF EMPLOYMENT OF APPLICANT 3800 COLONNADE PARKWAY SUITE 210 B'HAM, AL 35243

4. DATE OF EMPLOYMENT WITH MSD 11 1 2008  
Month Day Year

5. TO BE FILED WITH THE FOLLOWING (check one):  
 Comptroller of the Currency... Board of Governors of the Federal Reserve System... Federal Deposit Insurance Corporation...

6. TYPE(S) OF QUALIFICATION REQUESTED (check all that apply):  
 Municipal Securities Representative..... Government Securities Representative.....  
 Municipal Securities Principal..... Government Securities Supervisor.....

7. It is anticipated that the applicant will perform the following functions in the capacity indicated (check all that apply):

	Capacity	
	Supervisory	Non-Supervisory
A. Underwriting, trading or sales of municipal securities:	<input checked="" type="checkbox"/>	<input type="checkbox"/>
B. Financial advisory or consultant services for issuers in connection with the issuance of municipal securities:	<input type="checkbox"/>	<input type="checkbox"/>
C. Research or investment advice with respect to municipal securities in connection with the activities described in items 7.A and 7.B above:	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D. Activities other than those specifically mentioned that involve communication directly or indirectly with public investors in municipal securities in connection with the activities described in items 7.A and 7.B above:	<input checked="" type="checkbox"/>	<input type="checkbox"/>
E. Processing and clearing activities with respect to municipal securities:	<input checked="" type="checkbox"/>	N/A
F. Maintenance of records involving activities described in items 7.A through 7.E above:	<input checked="" type="checkbox"/>	N/A
G. Training of municipal securities principals or municipal securities representatives:	<input checked="" type="checkbox"/>	N/A

8. For the purpose of verifying the information furnished on this application by the applicant named in item 1 above, this institution has made inquiry of all employers of the applicant during the immediately preceding three years, as set forth below, concerning the accuracy and completeness of the information provided, and concerning the record and reputation of the applicant as related to the ability to perform the duties for which employed or to be employed.

EMPLOYER	NAME AND POSITION OF PERSON CONTACTED
<u>NOT APPLICABLE</u>	

9-30-08  
Date

WILLIAM SCOTT CLEMMONS  
Print Name of Municipal Securities Principal

  
Signature of Municipal Securities Principal

ACCEPTANCE OF THIS FORM FOR FILING SHALL NOT CONSTITUTE ANY FINDING THAT THE INFORMATION SUBMITTED HEREIN IS TRUE, CURRENT, COMPLETE, OR NOT MISLEADING. INTENTIONAL MISSTATEMENTS OR OMISSIONS OF FACT MAY CONSTITUTE FEDERAL CRIMINAL VIOLATIONS. (See 18 U.S.C. sections 1001 and 1005, and 15 U.S.C. 78ff.)

**PERSONAL HISTORY OF APPLICANT**

9. Clemmons William Scott  
 Name: Last First Middle

10. \_\_\_\_\_  
 Social Security Number (optional)

11. 4040 Lambert Trail  
 Resident Street Address

12. B'ham AL 35242  
 City State Zip

13. APRIL 22<sup>nd</sup> 1971  
 Date of Birth (Month/Day/Year)

14. Opp, AL  
 Place of Birth (City, State (if applicable), Country)

15. Any other name ever used or by which known: William S. Clemmons; Scott Clemmons

16. EMPLOYMENT AND EDUCATION HISTORY. The following is a complete, consecutive statement of all my employment for the past ten years starting with my immediately previous employer. (Include full- and part-time work, self employment, military service, unemployment, and full-time education). For each period of employment, list the position held at the time of leaving employment.

Name of Employer and Complete Address	Type of Business	From mm/vv	To mm/vv	Position Held	Reason For Leaving	Full Time or Part Time
<u>RBC BANK</u>	<u>BOND TRADING</u>	<u>6/08</u>	<u>- present</u>	<u>TRADER</u>	<u>NEW JOB</u>	<u>FULL TIME</u>
<u>FIRST AMERICAN BK</u>	<u>"</u>	<u>8/95</u>	<u>- 6/08</u>	<u>TRADER FIN ANALYSIS</u>		<u>FULL TIME</u>

17. RESIDENTIAL HISTORY. The following is a complete, consecutive statement of all my residential addresses for the past five years starting with my current residence:

Address (Street, City, State, ZIP, Country)	From mm/vv	To mm/vv
<u>4040 Lambert Trail B'ham, AL 35242</u>	<u>05/08</u>	<u>present</u>
<u>1747 Wellington Road Homewood, AL 35216</u>	<u>09/07</u>	<u>05/08</u>
<u>1708 3<sup>rd</sup> Ave No. Pell City, AL 35125</u>	<u>01/07</u>	<u>09/07</u>
<u>205 Patches Lane Pell City, AL 35128</u>	<u>12/01</u>	<u>01/07</u>

18. A. Have you ever taken a qualification examination for municipal securities principals, municipal securities representatives, or financial and operations principals prescribed by the Municipal Securities Rulemaking Board? Yes  No

If yes, state below the type of examination and the approximate date taken.

Type of Examination GEN. SEC REP. Approximate Date (mm/yy) 1-1-99  
Type of Examination MUN SEC PRIN. Approximate Date (mm/yy) 2-22-06

B. Have you ever been exempt from or received a waiver of the requirement to take and pass an examination of the nature specified in Question 18.A? Yes  No

If yes, state below the type of examination, the basis for such exemption or waiver, and, in the case of a waiver, the approximate date.

Type of Examination \_\_\_\_\_ Basis for Exemption or Waiver Approximate Date (mm/yy) \_\_\_\_\_  
Type of Examination \_\_\_\_\_ Basis for Exemption or Waiver Approximate Date (mm/yy) \_\_\_\_\_

19. Are you currently bonded? Yes  No

IF THE ANSWER TO ANY OF THE FOLLOWING QUESTIONS IS YES, ATTACH COMPLETE DETAILS:

20. Have you ever been refused coverage under a fidelity bond or has any surety company paid out any funds on your coverage or cancelled such coverage? Yes  No

21. Have you ever been denied membership, registration, license, permit, or certification by any federal or state securities or federal or state bank regulatory agency, any national securities exchange, registered securities association, or registered clearing agency? Yes  No

22. Has any disciplinary action ever been taken against you, or any sanction imposed upon you, including any finding that you were a cause of any disciplinary action or violated any law, rule or regulation or were an aider, abettor, or co-conspirator in any such violation, by any federal or state securities or federal or state bank regulatory agency, any national securities exchange, registered securities association, or registered clearing agency? Yes  No

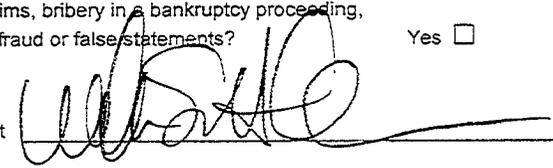
23. While you were associated in any capacity with any broker, dealer or municipal securities dealer:  
A. Was your registration denied, suspended or revoked? Yes  No

B. Was your membership in any national securities exchange, registered securities association, or registered clearing agency denied, suspended, or revoked, or was it expelled from any such organization? Yes  No

24. Has any permanent or temporary injunction (including a cease and desist order) ever been entered against you enjoining conduct as an investment advisor, underwriter, broker, dealer or municipal securities dealer or as an affiliated person of any investment company, bank dealer, or municipal securities dealer or as an affiliated person of any investment company, bank, insurance company, or enjoining any conduct related to such activities or any transactions in any security? Yes  No

25. Have you been convicted within the past ten years of any felony or misdemeanor: (i) involving the purchase or sale of any security, the taking of a false oath, the making of a false report, bribery, perjury, burglary, or conspiracy to commit any such offense; (ii) arising out of the conduct of the business of a broker, dealer, municipal securities dealer, investment adviser, bank, insurance company, or fiduciary; (iii) involving larceny, theft, robbery, extortion, forgery, counterfeiting, fraudulent concealment, embezzlement, fraudulent conversion, or misappropriation of funds or securities; (iv) involving crimes of concealment of assets, false oaths or claims, bribery in a bankruptcy proceeding, mail fraud, fraud by wire (including telephone, telegraph, radio, or television), fraud or false statements? Yes  No

Date 9-30-08

Signature of Applicant 

Acknowledgement for  
FORM MSD-4   
FORM G-FIN-4

26. Applicant Name WILLIAM SCOTT CLEMMONS
27. Bank Municipal Securities Dealer Name CENTERSTATE BANK OF FLORIDA - Receipt Stamp  
BOND DEPT.
28. Bank Municipal Securities Dealer Address 3800 COLONNADE PARKWAY SUITE 210 B'HAM, AL 35243
29. Attention: WILLIAM SCOTT CLEMMONS

WHEN THE FORM MSD-4 IS RECEIVED BY THE APPROPRIATE REGULATORY AGENCY, THIS ACKNOWLEDGEMENT WILL BE STAMPED TO SHOW RECEIPT AND RETURNED TO THE PERSON NAMED IN ITEM 29. THE STAMPED ACKNOWLEDGEMENT SHOULD BE RETAINED TO SUBSTANTIATE FILING.

Mail the form to the Regulator indicated in item 5

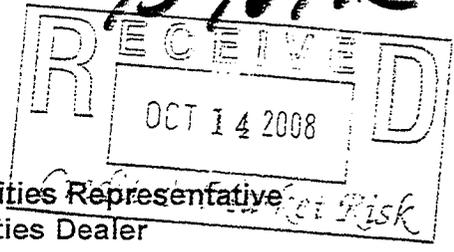
✓ The Office of the Comptroller of the Currency  
Treasury and Market Risk, (MS 7-1)  
250 E. Street, S.W.  
Washington, DC 20219

Board of Governors of the Federal Reserve System  
Market and Liquidity Risk Section  
Mail Stop 185  
20th and C Streets, N.W.  
Washington, DC 20551

Federal Deposit Insurance Corporation  
Division of Supervision  
Securities, Capital Markets, and Trust Branch  
Room F-2052  
550 17th Street, N.W.  
Washington, DC 20429



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FORM MSD-4  
Uniform Application for  
Municipal Securities Principal or Municipal Securities Representative  
Associated with a Bank Municipal Securities Dealer

1. APPLICANT NAME TUCKER MARK RICHARDSON  
Last First Middle (if none, write "n/a")

2. BANK MUNICIPAL SECURITIES DEALER:  
A. NAME Centerstate Bank of Florida - Bond Dept.

B. REGISTRATION NUMBER \_\_\_\_\_

C. MAIN ADDRESS 1101 1st Street S.  
Winterhaven, FL 33880

3. OFFICE OF EMPLOYMENT OF APPLICANT 3800 Colonnade Pkwy. Ste 210 B'ham, AL 3524

4. DATE OF EMPLOYMENT WITH MSD 11 1 2008  
Month Day Year

5. TO BE FILED WITH THE FOLLOWING (check one):  
Comptroller of the Currency...  Board of Governors of the Federal Reserve System...  Federal Deposit Insurance Corporation...

6. TYPE(S) OF QUALIFICATION REQUESTED (check all that apply):  
Municipal Securities Representative .....  Government Securities Representative .....   
Municipal Securities Principal .....  Government Securities Supervisor .....

7. It is anticipated that the applicant will perform the following functions in the capacity indicated (check all that apply):

	Capacity	
	Supervisory	Non-Supervisory
A. Underwriting, trading or sales of municipal securities:	<input checked="" type="checkbox"/>	<input type="checkbox"/>
B. Financial advisory or consultant services for issuers in connection with the issuance of municipal securities:	<input type="checkbox"/>	<input type="checkbox"/>
C. Research or investment advice with respect to municipal securities in connection with the activities described in items 7.A and 7.B above:	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D. Activities other than those specifically mentioned that involve communication directly or indirectly with public investors in municipal securities in connection with the activities described in items 7.A and 7.B above:	<input checked="" type="checkbox"/>	<input type="checkbox"/>
E. Processing and clearing activities with respect to municipal securities:	<input checked="" type="checkbox"/>	N/A
F. Maintenance of records involving activities described in items 7.A through 7.E above:	<input checked="" type="checkbox"/>	N/A
G. Training of municipal securities principals or municipal securities representatives:	<input checked="" type="checkbox"/>	N/A

8. For the purpose of verifying the information furnished on this application by the applicant named in item 1 above, this institution has made inquiry of all employers of the applicant during the immediately preceding three years, as set forth below, concerning the accuracy and completeness of the information provided, and concerning the record and reputation of the applicant as related to the ability to perform the duties for which employed or to be employed.

EMPLOYER N/A NAME AND POSITION OF PERSON CONTACTED \_\_\_\_\_

Date 9-30-08

WILLIAM SCOTT CLEMMONS  
Print Name of Municipal Securities Principal

[Signature]  
Signature of Municipal Securities Principal

ACCEPTANCE OF THIS FORM FOR FILING SHALL NOT CONSTITUTE ANY FINDING THAT THE INFORMATION SUBMITTED HEREIN IS TRUE, CURRENT, COMPLETE, OR NOT MISLEADING. INTENTIONAL MISSTATEMENTS OR OMISSIONS OF FACT MAY CONSTITUTE FEDERAL CRIMINAL VIOLATIONS. (See 18 U.S.C. sections 1001 and 1005, and 15 U.S.C. 78ff.)



**FORM MSD-4**  
**Uniform Application for**  
**Municipal Securities Principal or Municipal Securities Representative**  
**Associated with a Bank Municipal Securities Dealer**

1. APPLICANT NAME TICKER MARK RICHARDSON  
Last First Middle (if none, write "n/a")

2. BANK MUNICIPAL SECURITIES DEALER:  
 A. NAME Centerstate Bank of Florida - Bond Dept.  
 B. REGISTRATION NUMBER \_\_\_\_\_  
 C. MAIN ADDRESS 1101 1st Street S.  
Winterhaven, FL 33880

3. OFFICE OF EMPLOYMENT OF APPLICANT 3800 Colonnade Pkwy. Ste 210 B'ham, AL 35202  
 4. DATE OF EMPLOYMENT WITH MSD 11 1 2008  
Month Day Year

5. TO BE FILED WITH THE FOLLOWING (check one):  
 Comptroller of the Currency... Board of Governors of the Federal Reserve System... Federal Deposit Insurance Corporation...

6. TYPE(S) OF QUALIFICATION REQUESTED (check all that apply):  
 Municipal Securities Representative..... Government Securities Representative.....  
 Municipal Securities Principal..... Government Securities Supervisor.....

7. It is anticipated that the applicant will perform the following functions in the capacity indicated (check all that apply):

	Capacity	
	Supervisory	Non-Supervisory
A. Underwriting, trading or sales of municipal securities:	<input checked="" type="checkbox"/>	<input type="checkbox"/>
B. Financial advisory or consultant services for issuers in connection with the issuance of municipal securities:	<input type="checkbox"/>	<input type="checkbox"/>
C. Research or investment advice with respect to municipal securities in connection with the activities described in items 7.A and 7.B above:	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D. Activities other than those specifically mentioned that involve communication directly or indirectly with public investors in municipal securities in connection with the activities described in items 7.A and 7.B above:	<input checked="" type="checkbox"/>	<input type="checkbox"/>
E. Processing and clearing activities with respect to municipal securities:	<input checked="" type="checkbox"/>	N/A
F. Maintenance of records involving activities described in items 7.A through 7.E above:	<input checked="" type="checkbox"/>	N/A
G. Training of municipal securities principals or municipal securities representatives:	<input checked="" type="checkbox"/>	N/A

8. For the purpose of verifying the information furnished on this application by the applicant named in item 1 above, this institution has made inquiry of all employers of the applicant during the immediately preceding three years, as set forth below, concerning the accuracy and completeness of the information provided, and concerning the record and reputation of the applicant as related to the ability to perform the duties for which employed or to be employed.

EMPLOYER	NAME AND POSITION OF PERSON CONTACTED
<u>N/A</u>	

Date 9-30-08

WILLIAM SCOTT CLEMMONS  
 Print Name of Municipal Securities Principal

Signature of Municipal Securities Principal

ACCEPTANCE OF THIS FORM FOR FILING SHALL NOT CONSTITUTE ANY FINDING THAT THE INFORMATION SUBMITTED HEREIN IS TRUE, CURRENT, COMPLETE, OR NOT MISLEADING. INTENTIONAL MISSTATEMENTS OR OMISSIONS OF FACT MAY CONSTITUTE FEDERAL CRIMINAL VIOLATIONS. (See 18 U.S.C. sections 1001 and 1005, and 15 U.S.C. 78ff.)

**FORM MSD-4**  
**Uniform Application for**  
**Municipal Securities Principal or Municipal Securities Representative**  
**Associated with a Bank Municipal Securities Dealer**

1. APPLICANT NAME TUCKER MARK RICHARDSON  
Last First Middle (if none, write "n/a")

2. BANK MUNICIPAL SECURITIES DEALER:  
 A. NAME Centerstate Bank of Florida - Bond Dept.  
 B. REGISTRATION NUMBER \_\_\_\_\_  
 C. MAIN ADDRESS 1101 1st Street S.  
Winterhaven, FL 33880

3. OFFICE OF EMPLOYMENT OF APPLICANT 3800 Colonnade Pkwy. Ste 210 B'ham, AL 35

4. DATE OF EMPLOYMENT WITH MSD 11 1 2008  
Month Day Year

5. TO BE FILED WITH THE FOLLOWING (check one):  
 Comptroller of the Currency... Board of Governors of the Federal Reserve System... Federal Deposit Insurance Corporation...

6. TYPE(S) OF QUALIFICATION REQUESTED (check all that apply):  
 Municipal Securities Representative..... Government Securities Representative.....  
 Municipal Securities Principal..... Government Securities Supervisor.....

7. It is anticipated that the applicant will perform the following functions in the capacity indicated (check all that apply):

	Capacity	
	Supervisory	Non-Supervisory
A. Underwriting, trading or sales of municipal securities:	<input checked="" type="checkbox"/>	<input type="checkbox"/>
B. Financial advisory or consultant services for issuers in connection with the issuance of municipal securities:	<input type="checkbox"/>	<input type="checkbox"/>
C. Research or investment advice with respect to municipal securities in connection with the activities described in items 7.A and 7.B above:	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D. Activities other than those specifically mentioned that involve communication directly or indirectly with public investors in municipal securities in connection with the activities described in items 7.A and 7.B above:	<input checked="" type="checkbox"/>	<input type="checkbox"/>
E. Processing and clearing activities with respect to municipal securities:	<input checked="" type="checkbox"/>	N/A
F. Maintenance of records involving activities described in items 7.A through 7.E above:	<input checked="" type="checkbox"/>	N/A
G. Training of municipal securities principals or municipal securities representatives:	<input checked="" type="checkbox"/>	N/A

8. For the purpose of verifying the information furnished on this application by the applicant named in item 1 above, this institution has made inquiry of all employers of the applicant during the immediately preceding three years, as set forth below, concerning the accuracy and completeness of the information provided, and concerning the record and reputation of the applicant as related to the ability to perform the duties for which employed or to be employed.

EMPLOYER	NAME AND POSITION OF PERSON CONTACTED
<u>N/A</u>	

9-30-08 Date  
WILLIAM SCOTT CLEMMONS Print Name of Municipal Securities Principal  
 Signature of Municipal Securities Principal

ACCEPTANCE OF THIS FORM FOR FILING SHALL NOT CONSTITUTE ANY FINDING THAT THE INFORMATION SUBMITTED HEREIN IS TRUE, CURRENT, COMPLETE, OR NOT MISLEADING. INTENTIONAL MISSTATEMENTS OR OMISSIONS OF FACT MAY CONSTITUTE FEDERAL CRIMINAL VIOLATIONS. (See 18 U.S.C. sections 1001 and 1005, and 15 U.S.C. 78ff.)

**PERSONAL HISTORY OF APPLICANT**

9. TUCKER MARK RICHARDSON  
 Name: Last First Middle

10. 417-88-2500  
 Social Security Number (optional)

11. 2617 HEATHERMOOR RD  
 Resident Street Address

12. B'HAM AL 35223  
 City State Zip

13. 11/2/56  
 Date of Birth (Month/Day/Year)

14. B'HAM  
 Place of Birth (City, State (if applicable), Country)

15. Any other name ever used or by which known: N/A

16. EMPLOYMENT AND EDUCATION HISTORY. The following is a complete, consecutive statement of all my employment for the past ten years starting with my immediately previous employer. (Include full- and part-time work, self employment, military service, unemployment, and full-time education). For each period of employment, list the position held at the time of leaving employment.

Name of Employer and Complete Address	Type of Business	From mm/vv	To mm/vv	Position Held	Reason For Leaving	Full Time or Part Time
RBC / FIRST AMERICAN / NRC 1929 1ST AVE NORTH B'HAM AL 35202	INVESTMENT SALES		10/08	SVP	ELIMINATING BANK CREDITS	FULL

17. RESIDENTIAL HISTORY. The following is a complete, consecutive statement of all my residential addresses for the past five years starting with my current residence:

Address (Street, City, State, ZIP, Country)	From mm/vv	To mm/vv
2617 HEATHERMOOR RD B'HAM AL 35223	4/07	Now
477 CHERRY ST B'HAM AL 35213	88	4/07

18. A. Have you ever taken a qualification examination for municipal securities principals, municipal securities representatives, or financial and operations principals prescribed by the Municipal Securities Rulemaking Board? Yes  No

If yes, state below the type of examination and the approximate date taken.

Type of Examination Gen. Sec Rep 52 (MSRB) Approximate Date (mm/yy) 9-9-91  
Type of Examination 53 (MSRB) Approximate Date (mm/yy) 11-8-94  
Type of Examination 53 (MSRB) Approximate Date (mm/yy) 12-5-94

B. Have you ever been exempt from or received a waiver of the requirement to take and pass an examination of the nature specified in Question 18.A? Yes  No

If yes, state below the type of examination, the basis for such exemption or waiver, and, in the case of a waiver, the approximate date.

Type of Examination \_\_\_\_\_ Basis for Exemption or Waiver Approximate Date (mm/yy) \_\_\_\_\_  
Type of Examination \_\_\_\_\_ Basis for Exemption or Waiver Approximate Date (mm/yy) \_\_\_\_\_

19. Are you currently bonded? Yes  No

IF THE ANSWER TO ANY OF THE FOLLOWING QUESTIONS IS YES, ATTACH COMPLETE DETAILS:

20. Have you ever been refused coverage under a fidelity bond or has any surety company paid out any funds on your coverage or cancelled such coverage? Yes  No

21. Have you ever been denied membership, registration, license, permit, or certification by any federal or state securities or federal or state bank regulatory agency, any national securities exchange, registered securities association, or registered clearing agency? Yes  No

22. Has any disciplinary action ever been taken against you, or any sanction imposed upon you, including any finding that you were a cause of any disciplinary action or violated any law, rule or regulation or were an aider, abettor, or co-conspirator in any such violation, by any federal or state securities or federal or state bank regulatory agency, any national securities exchange, registered securities association, or registered clearing agency? Yes  No

23. While you were associated in any capacity with any broker, dealer or municipal securities dealer:  
A. Was your registration denied, suspended or revoked? Yes  No

B. Was your membership in any national securities exchange, registered securities association, or registered clearing agency denied, suspended, or revoked, or was it expelled from any such organization? Yes  No

24. Has any permanent or temporary injunction (including a cease and desist order) ever been entered against you enjoining conduct as an investment advisor, underwriter, broker, dealer or municipal securities dealer or as an affiliated person of any investment company, bank dealer, or municipal securities dealer or as an affiliated person of any investment company, bank, insurance company, or enjoining any conduct related to such activities or any transactions in any security? Yes  No

25. Have you been convicted within the past ten years of any felony or misdemeanor: (i) involving the purchase or sale of any security, the taking of a false oath, the making of a false report, bribery, perjury, burglary, or conspiracy to commit any such offense; (ii) arising out of the conduct of the business of a broker, dealer, municipal securities dealer, investment adviser, bank, insurance company, or fiduciary; (iii) involving larceny, theft, robbery, extortion, forgery, counterfeiting, fraudulent concealment, embezzlement, fraudulent conversion, or misappropriation of funds or securities; (iv) involving crimes of concealment of assets, false oaths or claims, bribery in a bankruptcy proceeding, mail fraud, fraud by wire (including telephone, telegraph, radio, or television), fraud or false statements? Yes  No

Date 9-30-08

Signature of Applicant [Signature]



**FORM MSD-4**  
**Uniform Application for**  
**Municipal Securities Principal or Municipal Securities Representative**  
**Associated with a Bank Municipal Securities Dealer**

1. APPLICANT NAME Martinez Lena Finch  
Last First Middle (if none, write "n/a")

2. BANK MUNICIPAL SECURITIES DEALER:  
 A. NAME CenterState Bank - Correspondent Banking and Investment Department  
 B. REGISTRATION NUMBER \_\_\_\_\_  
 C. MAIN ADDRESS 3800 Colonnade Parkway, Suite 210  
Birmingham, AL 35243

3. OFFICE OF EMPLOYMENT OF APPLICANT Birmingham

4. DATE OF EMPLOYMENT WITH MSD November 1 2008  
Month Day Year

5. TO BE FILED WITH THE FOLLOWING (check one):  
 Comptroller of the Currency...  Board of Governors of the Federal Reserve System...  Federal Deposit Insurance Corporation...

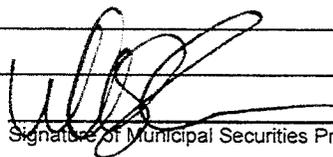
6. TYPE(S) OF QUALIFICATION REQUESTED (check all that apply):  
 Municipal Securities Representative.....  Government Securities Representative.....   
 Municipal Securities Principal .....  Government Securities Supervisor.....

7. It is anticipated that the applicant will perform the following functions in the capacity indicated (check all that apply):

	Supervisory	Capacity Non-Supervisory
A. Underwriting, trading or sales of municipal securities:	<input checked="" type="checkbox"/>	<input type="checkbox"/>
B. Financial advisory or consultant services for issuers in connection with the issuance of municipal securities:	<input type="checkbox"/>	<input type="checkbox"/>
C. Research or investment advice with respect to municipal securities in connection with the activities described in items 7.A and 7.B above:	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D. Activities other than those specifically mentioned that involve communication directly or indirectly with public investors in municipal securities in connection with the activities described in items 7.A and 7.B above:	<input checked="" type="checkbox"/>	<input type="checkbox"/>
E. Processing and clearing activities with respect to municipal securities:	<input checked="" type="checkbox"/>	N/A
F. Maintenance of records involving activities described in items 7.A through 7.E above:	<input checked="" type="checkbox"/>	N/A
G. Training of municipal securities principals or municipal securities representatives:	<input checked="" type="checkbox"/>	N/A

8. For the purpose of verifying the information furnished on this application by the applicant named in item 1 above, this institution has made inquiry of all employers of the applicant during the immediately preceding three years, as set forth below, concerning the accuracy and completeness of the information provided, and concerning the record and reputation of the applicant as related to the ability to perform the duties for which employed or to be employed.

<u>EMPLOYER</u>	<u>NAME AND POSITION OF PERSON CONTACTED</u>
<u>N/A</u>	

6-2-09 WILLIAM S CLEMMONS   
Date Print Name of Municipal Securities Principal Signature of Municipal Securities Principal

ACCEPTANCE OF THIS FORM FOR FILING SHALL NOT CONSTITUTE ANY FINDING THAT THE INFORMATION SUBMITTED HEREIN IS TRUE, CURRENT, COMPLETE, OR NOT MISLEADING. INTENTIONAL MISSTATEMENTS OR OMISSIONS OF FACT MAY CONSTITUTE FEDERAL CRIMINAL VIOLATIONS. (See 18 U.S.C. sections 1001 and 1005, and 15 U.S.C. 78ff.)

**PERSONAL HISTORY OF APPLICANT**

9. Martinez Lena F.  
Name: Last First Middle

10. 420-23-6926  
Social Security Number (optional)

11. 120 Daly St  
Resident Street Address

12. Birmingham AL 35210  
City State Zip

13. 11/24/76  
Date of Birth (Month/Day/Year)

14. Gretna, LA  
Place of Birth (City, State (if applicable), Country)

15. Any other name ever used or by which known: Lena Elizabeth Finch

16. EMPLOYMENT AND EDUCATION HISTORY. The following is a complete, consecutive statement of all my employment for the past ten years starting with my immediately previous employer. (Include full- and part-time work, self employment, military service, unemployment, and full-time education). For each period of employment, list the position held at the time of leaving employment.

Name of Employer and Complete Address	Type of Business	From mm/yy	To mm/yy	Position Held	Reason For Leaving	Full Time or Part Time
CenterState Bank of FL	bank	11/08	present	trader	still employed	Full
First American Bank	bank	1/02	11/08	trader	dept. left	Full
(taken over by RBC Bank 2/08)						
Spear, Leeds & Kellogg	specialist trading firm	9/99	1/02	trading asst.	moved	Full

17. RESIDENTIAL HISTORY. The following is a complete, consecutive statement of all my residential addresses for the past five years starting with my current residence:

Address (Street, City, State, ZIP, Country)	From mm/yy	To mm/yy
120 Daly St Birmingham, AL 35210, USA	8/08	present
2809 Highland Ave. S., Birmingham, AL 35205	5/06	8/08
4833 Melissa Way, Birmingham, AL 35216	10/05	5/06
421 Oaks Drive, Birmingham, AL 35209	3/03	10/05

18. A. Have you ever taken a qualification examination for municipal securities principals, municipal securities representatives, or financial and operations principals prescribed by the Municipal Securities Rulemaking Board? Yes  No

If yes, state below the type of examination and the approximate date taken.

Type of Examination Series 7 Approximate Date (mm/yy) 10-4-04  
Type of Examination Series 53 Approximate Date (mm/yy) 12-13-05

B. Have you ever been exempt from or received a waiver of the requirement to take and pass an examination of the nature specified in Question 18.A? Yes  No

If yes, state below the type of examination, the basis for such exemption or waiver, and, in the case of a waiver, the approximate date.

Type of Examination \_\_\_\_\_ Basis for Exemption or Waiver Approximate Date (mm/yy) \_\_\_\_\_  
Type of Examination \_\_\_\_\_ Basis for Exemption or Waiver Approximate Date (mm/yy) \_\_\_\_\_

19. Are you currently bonded? Yes  No

**IF THE ANSWER TO ANY OF THE FOLLOWING QUESTIONS IS YES, ATTACH COMPLETE DETAILS:**

20. Have you ever been refused coverage under a fidelity bond or has any surety company paid out any funds on your coverage or cancelled such coverage? Yes  No

21. Have you ever been denied membership, registration, license, permit, or certification by any federal or state securities or federal or state bank regulatory agency, any national securities exchange, registered securities association, or registered clearing agency? Yes  No

22. Has any disciplinary action ever been taken against you, or any sanction imposed upon you, including any finding that you were a cause of any disciplinary action or violated any law, rule or regulation or were an aider, abettor, or co-conspirator in any such violation, by any federal or state securities or federal or state bank regulatory agency, any national securities exchange, registered securities association, or registered clearing agency? Yes  No

23. While you were associated in any capacity with any broker, dealer or municipal securities dealer:  
A. Was your registration denied, suspended or revoked? Yes  No

B. Was your membership in any national securities exchange, registered securities association, or registered clearing agency denied, suspended, or revoked, or was it expelled from any such organization? Yes  No

24. Has any permanent or temporary injunction (including a cease and desist order) ever been entered against you enjoining conduct as an investment advisor, underwriter, broker, dealer or municipal securities dealer or as an affiliated person of any investment company, bank dealer, or municipal securities dealer or as an affiliated person of any investment company, bank, insurance company, or enjoining any conduct related to such activities or any transactions in any security? Yes  No

25. Have you been convicted within the past ten years of any felony or misdemeanor: (i) involving the purchase or sale of any security, the taking of a false oath, the making of a false report, bribery, perjury, burglary, or conspiracy to commit any such offense; (ii) arising out of the conduct of the business of a broker, dealer, municipal securities dealer, investment adviser, bank, insurance company, or fiduciary; (iii) involving larceny, theft, robbery, extortion, forgery, counterfeiting, fraudulent concealment, embezzlement, fraudulent conversion, or misappropriation of funds or securities; (iv) involving crimes of concealment of assets, false oaths or claims, bribery in a bankruptcy proceeding, mail fraud, fraud by wire (including telephone, telegraph, radio, or television), fraud or false statements? Yes  No

Date 5-14-09

Signature of Applicant Jana F. Martinez

# Schedule A of FORM MSD

(Answers in response to items 5 and 7 of FORM MSD)

NOTE: (a) Complete a separate Schedule A for each person named in item 5 and each person subject to any action reported under item 7.  
 (b) State all names in the order of last name, first name, full middle name. If any person legally has only an initial, so indicate after the initial.

I. Full name of applicant exactly as stated in item 2(a) of Form MSD:

*CenterState Bank of Florida*

II. Full name of person for whom this Schedule is being completed:

*William Andrew Albright*

III. (a) Residence address of person for whom this Schedule is being completed:

*3433 Triview Sq, Atlanta, GA 30339*

NUMBER AND STREET

CITY

STATE

ZIP

Code

(b) Date of Birth:

*12-5-66*

(c) City of Birth:

*Phoenix*

(d) State or Province:

*AZ*

(e) Country:

*USA*

IV. NAMES USED: Furnish below a list of all names individual has been known by or has used, including maiden name if applicable. If no other names used, state "None."

LAST

FIRST

MIDDLE

LAST

FIRST

MIDDLE

*None*

V. EDUCATION. Furnish below a description of the education of the person named in item II of this Schedule (include name and location of last high school attended, name and location of any college or university attended, degree or degrees received and year or years in which received).

*Sacred Heart, Shawano, WI  
 Shawano High, Shawano, WI 1985  
 University of Wisconsin - LaCrosse, LaCrosse, WI 1989*

VI. BUSINESS BACKGROUND: Furnish below a complete, consecutive statement of all business experience and employment for the past ten years. List the last position first. If none, state "None."

Name of Firm and Address	Kind of Business	Exact Nature of Connection or Employment	Beginning Date		Ending Date	
			Mo.	Yrs.	Mo.	Yrs.
<i>Silverton Bank</i>	<i>Bank</i>	<i>Muni Trader</i>	<i>3</i>	<i>08</i>	<i>6</i>	<i>09</i>
<i>Unemployed</i>			<i>10</i>	<i>07</i>	<i>3</i>	<i>08</i>
<i>AG Edwards</i>	<i>BD</i>	<i>Muni Trader</i>	<i>8</i>	<i>06</i>	<i>10</i>	<i>07</i>
<i>Unemployed</i>			<i>2</i>	<i>06</i>	<i>8</i>	<i>06</i>
<i>Wachovia Capital Markets</i>	<i>Bank</i>	<i>Muni Trader</i>	<i>7</i>	<i>03</i>	<i>2</i>	<i>06</i>

*First Union Securities ~~add name page 70~~ Muni Trader 10 99*

VII. PROCEEDINGS: If any answer to any paragraph of item 7 is "Yes" with respect to the person for whom this Schedule is being completed, furnish the following details:

Applicable Paragraph of Item 7	Title or Description of Action	Name and Location of Court, Agency, Jurisdiction or Self-Regulatory Organization	Nature and Date of Disposition of Proceeding

If any item on this page is amended, you must answer in full all other items on this page and file with a completed page 1, and signed execution page. No Schedule required by an item on this page need be filed with an amended item unless the Schedule itself is amended.

ATTENTION: INTENTIONAL MISSTATEMENTS OR OMISSIONS OF FACT CONSTITUTE FEDERAL CRIMINAL VIOLATIONS [See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a)]

### FORM MSD-4 Uniform Application for Municipal Securities Principal or Municipal Securities Representative Associated with a Bank Municipal Securities Dealer

1. APPLICANT NAME ALBRIGHT, WILLIAM ANDREW  
Last First Middle (if none, write "n/a")

2. BANK MUNICIPAL SECURITIES DEALER:  
 A. NAME CENTERSTATE BANK - CORRESPONDENT BANKING & INVESTMENT DEPARTMENT

B. REGISTRATION NUMBER \_\_\_\_\_

C. MAIN ADDRESS 3800 COLONNADE PARKWAY, SUITE 210  
 BIRMINGHAM, AL 35243

3. OFFICE OF EMPLOYMENT OF APPLICANT Birmingham, AL

4. DATE OF EMPLOYMENT WITH MSD 6 17 09  
Month Day Year

5. TO BE FILED WITH THE FOLLOWING (check one):  
 Comptroller of the Currency... Board of Governors of the Federal Reserve System... Federal Deposit Insurance Corporation...

6. TYPE(S) OF QUALIFICATION REQUESTED (check all that apply):  
 Municipal Securities Representative..... Government Securities Representative.....  
 Municipal Securities Principal..... Government Securities Supervisor.....

7. It is anticipated that the applicant will perform the following functions in the capacity indicated (check all that apply):

	Capacity	
	Supervisory	Non-Supervisory
A. Underwriting, trading or sales of municipal securities:	<input checked="" type="checkbox"/>	<input type="checkbox"/>
B. Financial advisory or consultant services for issuers in connection with the issuance of municipal securities:	<input checked="" type="checkbox"/>	<input type="checkbox"/>
C. Research or investment advice with respect to municipal securities in connection with the activities described in items 7.A and 7.B above:	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D. Activities other than those specifically mentioned that involve communication directly or indirectly with public investors in municipal securities in connection with the activities described in items 7.A and 7.B above:	<input checked="" type="checkbox"/>	<input type="checkbox"/>
E. Processing and clearing activities with respect to municipal securities:	<input checked="" type="checkbox"/>	N/A
F. Maintenance of records involving activities described in items 7.A through 7.E above:	<input checked="" type="checkbox"/>	N/A
G. Training of municipal securities principals or municipal securities representatives:	<input checked="" type="checkbox"/>	N/A

8. For the purpose of verifying the information furnished on this application by the applicant named in item 1 above, this institution has made inquiry of all employers of the applicant during the immediately preceding three years, as set forth below, concerning the accuracy and completeness of the information provided, and concerning the record and reputation of the applicant as related to the ability to perform the duties for which employed or to be employed.

EMPLOYER	NAME AND POSITION OF PERSON CONTACTED
<u>SILVERTON BANK, N.A.</u>	<u>KRISTEN MONTEY</u>
<u>A.G. EDWARDS</u>	<u>SIM TRATL</u>
<u>WACHOVIA BANK, N.A.</u>	<u>WALKER MCQUAGE</u>
<u>6-17-09</u>	<u>SCOTT CLEMMONS</u>
Date	Print Name of Municipal Securities Principal
	<u>[Signature]</u> Signature of Municipal Securities Principal

ACCEPTANCE OF THIS FORM FOR FILING SHALL NOT CONSTITUTE ANY FINDING THAT THE INFORMATION SUBMITTED HEREIN IS TRUE, CURRENT, COMPLETE, OR NOT MISLEADING. INTENTIONAL MISSTATEMENTS OR OMISSIONS OF FACT MAY CONSTITUTE FEDERAL CRIMINAL VIOLATIONS. (See 18 U.S.C. sections 1001 and 1005, and 15 U.S.C. 78ff.)

**PERSONAL HISTORY OF APPLICANT**

9. ALBRIGHT, WILLIAM ANDREW  
 Name: Last First Middle

10. 388-64-6874  
 Social Security Number (optional)

11. 3433 TRIVIEW SQUARE  
 Resident Street Address

12. ATLANTA, GA 30339  
 City State Zip

13. 12/05/1966  
 Date of Birth (Month/Day/Year)

14. PHOENIX, AZ  
 Place of Birth (City, State (if applicable), Country)

15. Any other name ever used or by which known: \_\_\_\_\_

16. EMPLOYMENT AND EDUCATION HISTORY. The following is a complete, consecutive statement of all my employment for the past ten years starting with my immediately previous employer. (Include full- and part-time work, self employment, military service, unemployment, and full-time education). For each period of employment, list the position held at the time of leaving employment.

Name of Employer and Complete Address	Type of Business	From mm/yy	To mm/yy	Position Held	Reason For Leaving	Full Time or Part Time
SILVERTON BANK	MUNICIPAL TRADER	03/08	06/09	FIRST VP	BANK CLOSED	FULL
UNEMPLOYED		10/07	03/08			
A.G. EDWARDS	MUNICIPAL TRADER	08/06	10/07	VP	OFFICE CLOSED	FULL
UNEMPLOYED		02/06	08/06			
WALHOUA CAPITAL MKTS	MUNICIPAL TRADER	07/03	02/06	DIRECTOR	TERMINATED	FULL
(SEE ADDITIONAL PAGE)						

17. RESIDENTIAL HISTORY. The following is a complete, consecutive statement of all my residential addresses for the past five years starting with my current residence:

Address (Street, City, State, ZIP, Country)	From mm/yy	To mm/yy
3433 TRIVIEW SQ, ATLANTA, GA 30339	6/08	CURRENT
1378 ISLAMORADA DR, JUPITER, FL 33458	12/07	6/08
3515 GREENWAY DR, JUPITER, FL 33458	11/06	12/07
1800 TIPPAN AVE, CHARLOTTE, NC 28205	11/04	11/06
525 MEALHAM ST, CHARLOTTE, NC 28203	02/96	11/04

## Registration and Employment History

### Previously Registered with the Following FINRA Firms

FINRA records show this broker previously held FINRA registrations with the following firms:

Registration Dates	Firm Name	CRD#	Branch Location
03/2008 - 06/2009	SILVERTON CAPITAL CORPORATION	118079	ATLANTA, GA
09/2006 - 12/2007	A. G. EDWARDS & SONS, INC.	4	ST. LOUIS, MO
07/2003 - 02/2006	WACHOVIA CAPITAL MARKETS, LLC	126292	CHARLOTTE, NC
03/2002 - 07/2003	WACHOVIA SECURITIES, LLC	19616	ST. LOUIS, MO
10/1999 - 08/2000	FIRST UNION SECURITIES, INC.	19616	ST. LOUIS, MO
02/1998 - 10/1999	FIRST UNION CAPITAL MARKETS CORP.	6124	CHARLOTTE, NC
04/1992 - 02/1998	FIRST UNION CAPITAL MARKETS CORP.	19002	CHARLOTTE, NC

### Employment History

This section provides up to 10 years of an individual broker's employment history as reported by the individual broker, and includes all securities and non-securities related employment, full and part-time work, self-employment, military service, unemployment, and full-time education. Please note that this information is not updated after an individual ceases to be registered with a FINRA firm.

Employment Dates	Employer Name	Employer Location
03/2008 - Present	SILVERTON BANK	ATLANTA, GA
03/2008 - Present	SILVERTON CAPITAL CORP	ATLANTA, GA
10/2007 - 03/2008	UNEMPLOYED	JUPITER, FL
08/2006 - 10/2007	A. G. EDWARDS & SONS, INC.	ST. LOUIS, MO
02/2006 - 08/2006	UNEMPLOYED	CHARLOTTE, NC
07/2003 - 02/2006	WACHOVIA CAPITAL MARKETS, LLC	CHARLOTTE, NC
06/2002 - 07/2003	WACHOVIA SECURITIES, INC.	CHARLOTTE, NC
10/1999 - 06/2002	FIRST UNION SECURITIES, INC.	CHARLOTTE, NC
02/1998 - 10/1999	FIRST UNION CAPITAL MARKETS CORP.	RICHMOND, VA



18. A. Have you ever taken a qualification examination for municipal securities principals, municipal securities representatives, or financial and operations principals prescribed by the Municipal Securities Rulemaking Board? Yes  No

If yes, state below the type of examination and the approximate date taken.

Type of Examination MUNICIPAL PRINCIPAL (SERIES 53) Approximate Date (mm/yy) 3/16/1994
Type of Examination GENERAL SEC. REP. (SERIES 7) Approximate Date (mm/yy) 9/16/1991
UNIFORM SEC. AGENT (SERIES 63) 11/15/1991

B. Have you ever been exempt from or received a waiver of the requirement to take and pass an examination of the nature specified in Question 18.A? Yes  No

If yes, state below the type of examination, the basis for such exemption or waiver, and, in the case of a waiver, the approximate date.

Type of Examination \_\_\_\_\_ Basis for Exemption or Waiver Approximate Date (mm/yy) \_\_\_\_\_
Type of Examination \_\_\_\_\_ Basis for Exemption or Waiver Approximate Date (mm/yy) \_\_\_\_\_

19. Are you currently bonded? Yes  No

IF THE ANSWER TO ANY OF THE FOLLOWING QUESTIONS IS YES, ATTACH COMPLETE DETAILS:

- 20. Have you ever been refused coverage under a fidelity bond or has any surety company paid out any funds on your coverage or cancelled such coverage? Yes  No 
21. Have you ever been denied membership, registration, license, permit, or certification by any federal or state securities or federal or state bank regulatory agency, any national securities exchange, registered securities association, or registered clearing agency? Yes  No 
22. Has any disciplinary action ever been taken against you, or any sanction imposed upon you, including any finding that you were a cause of any disciplinary action or violated any law, rule or regulation or were an aider, abettor, or co-conspirator in any such violation, by any federal or state securities or federal or state bank regulatory agency, any national securities exchange, registered securities association, or registered clearing agency? Yes  No 
23. While you were associated in any capacity with any broker, dealer or municipal securities dealer:
A. Was your registration denied, suspended or revoked? Yes  No 
B. Was your membership in any national securities exchange, registered securities association, or registered clearing agency denied, suspended, or revoked, or was it expelled from any such organization? Yes  No 
24. Has any permanent or temporary injunction (including a cease and desist order) ever been entered against you enjoining conduct as an investment advisor, underwriter, broker, dealer or municipal securities dealer or as an affiliated person of any investment company, bank dealer, or municipal securities dealer or as an affiliated person of any investment company, bank, insurance company, or enjoining any conduct related to such activities or any transactions in any security? Yes  No 
25. Have you been convicted within the past ten years of any felony or misdemeanor: (i) involving the purchase or sale of any security, the taking of a false oath, the making of a false report, bribery, perjury, burglary, or conspiracy to commit any such offense; (ii) arising out of the conduct of the business of a broker, dealer, municipal securities dealer, investment adviser, bank, insurance company, or fiduciary; (iii) involving larceny, theft, robbery, extortion, forgery, counterfeiting, fraudulent concealment, embezzlement, fraudulent conversion, or misappropriation of funds or securities; (iv) involving crimes of concealment of assets, false oaths or claims, bribery in a bankruptcy proceeding, mail fraud, fraud by wire (including telephone, telegraph, radio, or television), fraud or false statements? Yes  No

Date 6-17-09

Signature of Applicant William A. Albright

## Schedule A of FORM MSD

(Answers in response to items 5 and 7 of FORM MSD)

NOTE: (a) Complete a separate Schedule A for each person named in item 5 and each person subject to any action reported under item 7.  
 (b) State all names in the order of last name, first name, full middle name. If any person legally has only an initial, so indicate after the initial.

I. Full name of applicant exactly as stated in item 2(a) of Form MSD:

*Center State Bank of Florida*

II. Full name of person for whom this Schedule is being completed:

*Richard Fowler Alspaugh*

III. (a) Residence address of person for whom this Schedule is being completed:

*5323 Cedarwood Creek Dr. Winston-Salem NC 27104*

NUMBER AND STREET

CITY

STATE

Zip

Code

(b) Date of Birth:

*7-31-55*

(c) City of Birth:

*Winston-Salem*

(d) State or Province:

*NC*

(e) Country:

*USA*

IV. NAMES USED: Furnish below a list of all names individual has been known by or has used, including maiden name if applicable. If no other names used, state "None."

LAST

*None*

FIRST

MIDDLE

LAST

FIRST

MIDDLE

V. EDUCATION. Furnish below a description of the education of the person named in item II of this Schedule (include name and location of last high school attended, name and location of any college or university attended, degree or degrees received and year or years in which received).

*BJ Reynolds High School - Winston-Salem, NC 1972*  
*Appalachian State University, Boone, NC 1977*

VI. BUSINESS BACKGROUND: Furnish below a complete, consecutive statement of all business experience and employment for the past ten years. List the last position first. If none, state "None."

Name of Firm and Address	Kind of Business	Exact Nature of Connection or Employment	Beginning Date		Ending Date	
			Mo.	Yrs.	Mo.	Yrs.
<i>Silverton Bank</i>	<i>Banking</i>	<i>SVP/Bond Sales</i>	<i>10</i>	<i>00</i>	<i>6</i>	<i>09</i>
<i>Silverton Capital Corp</i>						
<i>Wachovia Corporation</i>	<i>Banking</i>	<i>SVP/Bond Sales</i>	<i>12</i>	<i>91</i>	<i>10</i>	<i>00</i>

VII. PROCEEDINGS: If any answer to any paragraph of item 7 is "Yes" with respect to the person for whom this Schedule is being completed, furnish the following details:

Applicable Paragraph of Item 7	Title or Description of Action	Name and Location of Court, Agency, Jurisdiction or Self-Regulatory Organization	Nature and Date of Disposition of Proceeding

If any item on this page is amended, you must answer in full all other items on this page and file with a completed page 1, and signed execution page. No Schedule required by an item on this page need be filed with an amended item unless the Schedule itself is amended.

ATTENTION: INTENTIONAL MISSTATEMENTS OR OMISSIONS OF FACT CONSTITUTE FEDERAL CRIMINAL VIOLATIONS (See 18 U.S.C. 1001 and 16 U.S.C. 76ff(a))

**FORM MSD-4**  
**Uniform Application for**  
**Municipal Securities Principal or Municipal Securities Representative**  
**Associated with a Bank Municipal Securities Dealer**

1. APPLICANT NAME Alspaugh Richard Fowler  
Last First Middle (if none, write "n/a")

2. BANK MUNICIPAL SECURITIES DEALER:

A. NAME Center State BANK - Correspondent Banking and Investment Dept.

B. REGISTRATION NUMBER \_\_\_\_\_

C. MAIN ADDRESS 3800 Colonnade Parkway Suite 210  
Birmingham, AL 35243

3. OFFICE OF EMPLOYMENT OF APPLICANT Birmingham, AL

4. DATE OF EMPLOYMENT WITH MSD 6 17 09  
Month Day Year

5. TO BE FILED WITH THE FOLLOWING (check one):  
 Comptroller of the Currency... Board of Governors of the Federal Reserve System... Federal Deposit Insurance Corporation...

6. TYPE(S) OF QUALIFICATION REQUESTED (check all that apply):

Municipal Securities Representative..... Government Securities Representative.....  
 Municipal Securities Principal..... Government Securities Supervisor.....

7. It is anticipated that the applicant will perform the following functions in the capacity indicated (check all that apply):

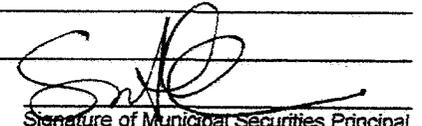
	Capacity	
	Supervisory	Non-Supervisory
A. Underwriting, trading or sales of municipal securities:	<input checked="" type="checkbox"/>	<input type="checkbox"/>
B. Financial advisory or consultant services for issuers in connection with the issuance of municipal securities:	<input type="checkbox"/>	<input checked="" type="checkbox"/>
C. Research or investment advice with respect to municipal securities in connection with the activities described in items 7.A and 7.B above:	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D. Activities other than those specifically mentioned that involve communication directly or indirectly with public investors in municipal securities in connection with the activities described in items 7.A and 7.B above:	<input type="checkbox"/>	<input checked="" type="checkbox"/>
E. Processing and clearing activities with respect to municipal securities:	<input type="checkbox"/>	N/A
F. Maintenance of records involving activities described in items 7.A through 7.E above:	<input type="checkbox"/>	N/A
G. Training of municipal securities principals or municipal securities representatives:	<input type="checkbox"/>	N/A

8. For the purpose of verifying the information furnished on this application by the applicant named in item 1 above, this institution has made inquiry of all employers of the applicant during the immediately preceding three years, as set forth below, concerning the accuracy and completeness of the information provided, and concerning the record and reputation of the applicant as related to the ability to perform the duties for which employed or to be employed.

EMPLOYER	NAME AND POSITION OF PERSON CONTACTED
<u>Silverton Bridge Bank</u>	<u>Kristin Montet</u>

6-17-09  
Date

JUDH Clemmatis  
Print Name of Municipal Securities Principal

  
Signature of Municipal Securities Principal

ACCEPTANCE OF THIS FORM FOR FILING SHALL NOT CONSTITUTE ANY FINDING THAT THE INFORMATION SUBMITTED HEREIN IS TRUE, CURRENT, COMPLETE, OR NOT MISLEADING. INTENTIONAL MISSTATEMENTS OR OMISSIONS OF FACT MAY CONSTITUTE FEDERAL CRIMINAL VIOLATIONS. (See 18 U.S.C. sections 1001 and 1005, and 15 U.S.C. 78ff.)

## PERSONAL HISTORY OF APPLICANT

9. Alspan L Richard Fowler  
 Name: Last First Middle
10. 242-74-1422  
 Social Security Number (optional)
11. 5223 Cedarwood Creek Dr.  
 Resident Street Address
12. Winston-Salem NC 27104  
 City State Zip
13. 07/31/1955  
 Date of Birth (Month/Day/Year)
14. Winston-Salem, NC USA  
 Place of Birth (City, State (if applicable), Country)
15. Any other name ever used or by which known: No

16. EMPLOYMENT AND EDUCATION HISTORY. The following is a complete, consecutive statement of all my employment for the past ten years starting with my immediately previous employer. (Include full- and part-time work, self employment, military service, unemployment, and full-time education). For each period of employment, list the position held at the time of leaving employment.

Name of Employer and Complete Address	Type of Business	From mm/yy	To mm/yy	Position Held	Reason For Leaving	Full Time or Part Time
<u>Silverton BANK /</u>	<u>BANKING</u>	<u>10/00</u>	<u>06/09</u>	<u>SrVP/Bus Sales</u>	<u>BANK Closed</u>	<u>Full</u>
<u>Silverton Capital Corp.</u>						
<u>Wachovia Corporation</u>	<u>BANKING</u>	<u>12/91</u>	<u>10/00</u>	<u>SrVP/Bus Sales</u>	<u>downsized</u>	<u>Full</u>

17. RESIDENTIAL HISTORY. The following is a complete, consecutive statement of all my residential addresses for the past five years starting with my current residence:

Address (Street, City, State, ZIP, Country)	From mm/yy	To mm/yy
<u>5223 Cedarwood Creek Dr. Winston-Salem, NC 27104</u>	<u>9/97</u>	<u>Present</u>

18. A. Have you ever taken a qualification examination for municipal securities principals, municipal securities representatives, or financial and operations principals prescribed by the Municipal Securities Rulemaking Board? Yes  No

If yes, state below the type of examination and the approximate date taken.

Type of Examination Series 7 Approximate Date (mm/yy) 1/16/92  
Type of Examination Series 24 Approximate Date (mm/yy) 2/98

B. Have you ever been exempt from or received a waiver of the requirement to take and pass an examination of the nature specified in Question 18.A? Yes  No

If yes, state below the type of examination, the basis for such exemption or waiver, and, in the case of a waiver, the approximate date.

Type of Examination \_\_\_\_\_ Basis for Exemption or Waiver Approximate Date (mm/yy) \_\_\_\_\_

Type of Examination \_\_\_\_\_ Basis for Exemption or Waiver Approximate Date (mm/yy) \_\_\_\_\_

19. Are you currently bonded? Yes  No

**IF THE ANSWER TO ANY OF THE FOLLOWING QUESTIONS IS YES, ATTACH COMPLETE DETAILS:**

20. Have you ever been refused coverage under a fidelity bond or has any surety company paid out any funds on your coverage or cancelled such coverage? Yes  No

21. Have you ever been denied membership, registration, license, permit, or certification by any federal or state securities or federal or state bank regulatory agency, any national securities exchange, registered securities association, or registered clearing agency? Yes  No

22. Has any disciplinary action ever been taken against you, or any sanction imposed upon you, including any finding that you were a cause of any disciplinary action or violated any law, rule or regulation or were an aider, abettor, or co-conspirator in any such violation, by any federal or state securities or federal or state bank regulatory agency, any national securities exchange, registered securities association, or registered clearing agency? Yes  No

23. While you were associated in any capacity with any broker, dealer or municipal securities dealer:  
A. Was your registration denied, suspended or revoked? Yes  No

B. Was your membership in any national securities exchange, registered securities association, or registered clearing agency denied, suspended, or revoked, or was it expelled from any such organization? Yes  No

24. Has any permanent or temporary injunction (including a cease and desist order) ever been entered against you enjoining conduct as an investment advisor, underwriter, broker, dealer or municipal securities dealer or as an affiliated person of any investment company, bank, insurance company, or enjoining any conduct related to such activities or any transactions in any security? Yes  No

25. Have you been convicted within the past ten years of any felony or misdemeanor: (i) involving the purchase or sale of any security, the taking of a false oath, the making of a false report, bribery, perjury, burglary, or conspiracy to commit any such offense; (ii) arising out of the conduct of the business of a broker, dealer, municipal securities dealer, investment adviser, bank, insurance company, or fiduciary; (iii) involving larceny, theft, robbery, extortion, forgery, counterfeiting, fraudulent concealment, embezzlement, fraudulent conversion, or misappropriation of funds or securities; (iv) involving crimes of concealment of assets, false oaths or claims, bribery in a bankruptcy proceeding, mail fraud, fraud by wire (including telephone, telegraph, radio, or television), fraud or false statements? Yes  No

Date 6/16/09

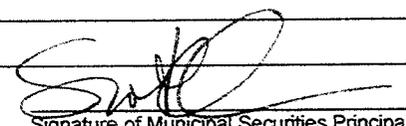
Signature of Applicant [Handwritten Signature]



**FORM MSD-4**  
**Uniform Application for**  
**Municipal Securities Principal or Municipal Securities Representative**  
**Associated with a Bank Municipal Securities Dealer**

1. APPLICANT NAME JONES ALLAN BRADFORD  
Last First Middle (if none, write "n/a")
2. BANK MUNICIPAL SECURITIES DEALER:  
 A. NAME CENTERSTATE BANK - Correspondent Banking + Investment Dept.  
 B. REGISTRATION NUMBER \_\_\_\_\_  
 C. MAIN ADDRESS 3800 COLONNADE PARKWAY, SUITE 210  
BIRMINGHAM, AL 35245
3. OFFICE OF EMPLOYMENT OF APPLICANT Birmingham, AL
4. DATE OF EMPLOYMENT WITH MSD JUNE 17 2009  
Month Day Year
5. TO BE FILED WITH THE FOLLOWING (check one):  
 Comptroller of the Currency... Board of Governors of the Federal Reserve System... Federal Deposit Insurance Corporation...
6. TYPE(S) OF QUALIFICATION REQUESTED (check all that apply):  
 Municipal Securities Representative..... Government Securities Representative.....  
 Municipal Securities Principal..... Government Securities Supervisor.....
7. It is anticipated that the applicant will perform the following functions in the capacity indicated (check all that apply):
- |                                                                                                                                                                                                                               | Capacity                            |                          |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|--------------------------|
|                                                                                                                                                                                                                               | Supervisory                         | Non-Supervisory          |
| A. Underwriting, trading or sales of municipal securities:                                                                                                                                                                    | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| B. Financial advisory or consultant services for issuers in connection with the issuance of municipal securities:                                                                                                             | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| C. Research or investment advice with respect to municipal securities in connection with the activities described in items 7.A and 7.B above:                                                                                 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| D. Activities other than those specifically mentioned that involve communication directly or indirectly with public investors in municipal securities in connection with the activities described in items 7.A and 7.B above: | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| E. Processing and clearing activities with respect to municipal securities:                                                                                                                                                   | <input checked="" type="checkbox"/> | N/A                      |
| F. Maintenance of records involving activities described in items 7.A through 7.E above:                                                                                                                                      | <input checked="" type="checkbox"/> | N/A                      |
| G. Training of municipal securities principals or municipal securities representatives:                                                                                                                                       | <input checked="" type="checkbox"/> | N/A                      |
8. For the purpose of verifying the information furnished on this application by the applicant named in item 1 above, this institution has made inquiry of all employers of the applicant during the immediately preceding three years, as set forth below, concerning the accuracy and completeness of the information provided, and concerning the record and reputation of the applicant as related to the ability to perform the duties for which employed or to be employed.

EMPLOYER	NAME AND POSITION OF PERSON CONTACTED
<u>SILVERTON BANK, NA</u>	<u>KRISTIN MONTET</u>

<u>6-17-09</u>	<u>Scott Clemmons</u>	
Date	Print Name of Municipal Securities Principal	Signature of Municipal Securities Principal

ACCEPTANCE OF THIS FORM FOR FILING SHALL NOT CONSTITUTE ANY FINDING THAT THE INFORMATION SUBMITTED HEREIN IS TRUE, CURRENT, COMPLETE, OR NOT MISLEADING. INTENTIONAL MISSTATEMENTS OR OMISSIONS OF FACT MAY CONSTITUTE FEDERAL CRIMINAL VIOLATIONS. (See 18 U.S.C. sections 1001 and 1005, and 15 U.S.C. 78ff.)

## PERSONAL HISTORY OF APPLICANT

9. JONES ALLAN BRADFORD  
 Name: Last First Middle
10. 252-04-5469  
 Social Security Number (optional)
11. 70 OLD MOUNTAIN PLACE  
 Resident Street Address
12. POWDER SPRINGS GA 30127  
 City State Zip
13. 9/2/69  
 Date of Birth (Month/Day/Year)
14. WAYNESBORO GA BURKE  
 Place of Birth (City, State (if applicable), Country)

15. Any other name ever used or by which known: BRAD

16. EMPLOYMENT AND EDUCATION HISTORY. The following is a complete, consecutive statement of all my employment for the past ten years starting with my immediately previous employer. (Include full- and part-time work, self employment, military service, unemployment, and full-time education). For each period of employment, list the position held at the time of leaving employment.

Name of Employer and Complete Address	Type of Business	From mm/yy	To mm/yy	Position Held	Reason For Leaving	Full Time or Part Time
<u>SILVERTON BANK, N.A. 3284 NORTHSIDE PKWY, N.W. ATLANTA GA 30327</u>	<u>BANK</u>	<u>5/91</u>	<u>6/09</u>	<u>SUP</u>	<u>NEW OPPORTUNITY</u>	<u>FULL</u>

17. RESIDENTIAL HISTORY. The following is a complete, consecutive statement of all my residential addresses for the past five years starting with my current residence:

Address (Street, City, State, ZIP, Country)	From mm/yy	To mm/yy
<u>70 OLD MOUNTAIN PLACE POWDER SPRINGS GA 30127</u>	<u>5/04</u>	<u>PRESENT</u>

18. A. Have you ever taken a qualification examination for municipal securities principals, municipal securities representatives, or financial and operations principals prescribed by the Municipal Securities Rulemaking Board? Yes  No

If yes, state below the type of examination and the approximate date taken.

Type of Examination SERIES 52 Approximate Date (mm/yy) 11/14/91

Type of Examination SERIES 53 Approximate Date (mm/yy) 12/31/92

B. Have you ever been exempt from or received a waiver of the requirement to take and pass an examination of the nature specified in Question 18.A? Yes  No

If yes, state below the type of examination, the basis for such exemption or waiver, and, in the case of a waiver, the approximate date.

Type of Examination \_\_\_\_\_ Basis for Exemption or Waiver Approximate Date (mm/yy) \_\_\_\_\_

Type of Examination \_\_\_\_\_ Basis for Exemption or Waiver Approximate Date (mm/yy) \_\_\_\_\_

19. Are you currently bonded? Yes  No

**IF THE ANSWER TO ANY OF THE FOLLOWING QUESTIONS IS YES, ATTACH COMPLETE DETAILS:**

20. Have you ever been refused coverage under a fidelity bond or has any surety company paid out any funds on your coverage or cancelled such coverage? Yes  No

21. Have you ever been denied membership, registration, license, permit, or certification by any federal or state securities or federal or state bank regulatory agency, any national securities exchange, registered securities association, or registered clearing agency? Yes  No

22. Has any disciplinary action ever been taken against you, or any sanction imposed upon you, including any finding that you were a cause of any disciplinary action or violated any law, rule or regulation or were an aider, abettor, or co-conspirator in any such violation, by any federal or state securities or federal or state bank regulatory agency, any national securities exchange, registered securities association, or registered clearing agency? Yes  No

23. While you were associated in any capacity with any broker, dealer or municipal securities dealer:  
A. Was your registration denied, suspended or revoked? Yes  No

B. Was your membership in any national securities exchange, registered securities association, or registered clearing agency denied, suspended, or revoked, or was it expelled from any such organization? Yes  No

24. Has any permanent or temporary injunction (including a cease and desist order) ever been entered against you enjoining conduct as an investment advisor, underwriter, broker, dealer or municipal securities dealer or as an affiliated person of any investment company, bank dealer, or municipal securities dealer or as an affiliated person of any investment company, bank, insurance company, or enjoining any conduct related to such activities or any transactions in any security? Yes  No

25. Have you been convicted within the past ten years of any felony or misdemeanor: (i) involving the purchase or sale of any security, the taking of a false oath, the making of a false report, bribery, perjury, burglary, or conspiracy to commit any such offense; (ii) arising out of the conduct of the business of a broker, dealer, municipal securities dealer, investment adviser, bank, insurance company, or fiduciary; (iii) involving larceny, theft, robbery, extortion, forgery, counterfeiting, fraudulent concealment, embezzlement, fraudulent conversion, or misappropriation of funds or securities; (iv) involving crimes of concealment of assets, false oaths or claims, bribery in a bankruptcy proceeding, mail fraud, fraud by wire (including telephone, telegraph, radio, or television), fraud or false statements? Yes  No

Date 6/15/09

Signature of Applicant Alan Bradford



**FORM MSD-4**  
**Uniform Application for**  
**Municipal Securities Principal or Municipal Securities Representative**  
**Associated with a Bank Municipal Securities Dealer**

1. APPLICANT NAME Hammack James (Jim) N  
Last First Middle (if none, write "n/a")

2. BANK MUNICIPAL SECURITIES DEALER:  
 A. NAME CenterState Bank - Correspondent Banking and Investment Dept.  
 B. REGISTRATION NUMBER \_\_\_\_\_  
 C. MAIN ADDRESS 3800 Colonnade Parkway, Suite 210  
Birmingham, AL 35243

3. OFFICE OF EMPLOYMENT OF APPLICANT Birmingham, AL

4. DATE OF EMPLOYMENT WITH MSD 6 18 09  
Month Day Year

5. TO BE FILED WITH THE FOLLOWING (check one):  
 Comptroller of the Currency... Board of Governors of the Federal Reserve System... Federal Deposit Insurance Corporation...

6. TYPE(S) OF QUALIFICATION REQUESTED (check all that apply):  
 Municipal Securities Representative..... Government Securities Representative.....  
 Municipal Securities Principal..... Government Securities Supervisor.....

7. It is anticipated that the applicant will perform the following functions in the capacity indicated (check all that apply):

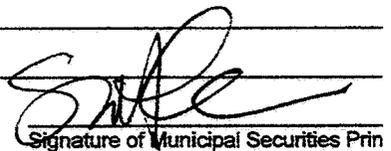
	Capacity	
	Supervisory	Non-Superv
A. Underwriting, trading or sales of municipal securities:	<input type="checkbox"/>	<input checked="" type="checkbox"/>
B. Financial advisory or consultant services for issuers in connection with the issuance of municipal securities:	<input type="checkbox"/>	<input checked="" type="checkbox"/>
C. Research or investment advice with respect to municipal securities in connection with the activities described in items 7.A and 7.B above:	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D. Activities other than those specifically mentioned that involve communication directly or indirectly with public investors in municipal securities in connection with the activities described in items 7.A and 7.B above:	<input type="checkbox"/>	<input checked="" type="checkbox"/>
E. Processing and clearing activities with respect to municipal securities:	<input type="checkbox"/>	N/A
F. Maintenance of records involving activities described in items 7.A through 7.E above:	<input type="checkbox"/>	N/A
G. Training of municipal securities principals or municipal securities representatives:	<input type="checkbox"/>	N/A

8. For the purpose of verifying the information furnished on this application by the applicant named in item 1 above, this institution has made inquiry of all employers of the applicant during the immediately preceding three years, as set forth below, concerning the accuracy and completeness of information provided, and concerning the record and reputation of the applicant as related to the ability to perform the duties for which employee to be employed.

EMPLOYER	NAME AND POSITION OF PERSON CONTACTED
<u>Silverton Bank</u>	<u>Kristin Montet</u>

6-18-09  
 Date

Scott Clemmons  
 Print Name of Municipal Securities Principal

  
 Signature of Municipal Securities Principal

ACCEPTANCE OF THIS FORM FOR FILING SHALL NOT CONSTITUTE ANY FINDING THAT THE INFORMATION SUBMITTED HEREIN IS TRUE, CURRENT, COMPLETE, OR NOT MISLEADING. INTENTIONAL MISSTATEMENTS OR OMISSIONS OF FACT MAY CONSTITUTE FEDERAL CRIMINAL VIOLATIONS. (See 18 U.S.C. sections 1001 and 1005, and 15 U.S.C. 78ff.)

## PERSONAL HISTORY OF APPLICANT

9. Hammack James (Jim) N  
 Name: Last First Middle

11. 3445 Kingsland Circle  
 Resident Street Address

13. 12/04/51  
 Date of Birth (Month/Day/Year)

10. \_\_\_\_\_  
 Social Security Number (optional)

12. Duluth GA 30096  
 City State Zip

14. Knoxville, TN  
 Place of Birth (City, State (if applicable), Country)

15. Any other name ever used or by which known: \_\_\_\_\_

16. EMPLOYMENT AND EDUCATION HISTORY. The following is a complete, consecutive statement of all my employment for the past ten years starting with my immediately previous employer. (Include full- and part-time work, self employment, military service, unemployment, and full-time education). For each period of employment, list the position held at the time of leaving employment.

Name of Employer and Complete Address	Type of Business	From mm/yy	To mm/yy	Position Held	Reason For Leaving	Full Time Part Time
Silverton Bank	Banking	04/89	06/09	SUP	Bank closed	FT

17. RESIDENTIAL HISTORY. The following is a complete, consecutive statement of all my residential addresses for the past five years starting with my current residence:

Address (Street, City, State, ZIP, Country)	From mm/yy	To mm/yy
3445 Kingsland Circle Duluth, GA 30096	12/95	06/09

18. A. Have you ever taken a qualification examination for municipal securities principals, municipal securities representatives, or financial and operations principals prescribed by the Municipal Securities Rulemaking Board? Yes  No

If yes, state below the type of examination and the approximate date taken.

Type of Examination Series 53 Approximate Date (mm/yy) August 1985

Type of Examination \_\_\_\_\_ Approximate Date (mm/yy) \_\_\_\_\_

B. Have you ever been exempt from or received a waiver of the requirement to take and pass an examination of the nature specified in Question 18.A? Yes  No

If yes, state below the type of examination, the basis for such exemption or waiver, and, in the case of a waiver, the approximate date.

Type of Examination \_\_\_\_\_ Basis for Exemption or Waiver Approximate Date (mm/yy) \_\_\_\_\_

Type of Examination \_\_\_\_\_ Basis for Exemption or Waiver Approximate Date (mm/yy) \_\_\_\_\_

19. Are you currently bonded? Yes  No

**IF THE ANSWER TO ANY OF THE FOLLOWING QUESTIONS IS YES, ATTACH COMPLETE DETAILS:**

20. Have you ever been refused coverage under a fidelity bond or has any surety company paid out any funds on your coverage or cancelled such coverage? Yes  No

21. Have you ever been denied membership, registration, license, permit, or certification by any federal or state securities or federal or state bank regulatory agency, any national securities exchange, registered securities association, or registered clearing agency? Yes  No

22. Has any disciplinary action ever been taken against you, or any sanction imposed upon you, including any finding that you were a cause of any disciplinary action or violated any law, rule or regulation or were an aider, abettor, or co-conspirator in any such violation, by any federal or state securities or federal or state bank regulatory agency, any national securities exchange, registered securities association, or registered clearing agency? Yes  No

23. While you were associated in any capacity with any broker, dealer or municipal securities dealer:  
A. Was your registration denied, suspended or revoked? Yes  No

B. Was your membership in any national securities exchange, registered securities association, or registered clearing agency denied, suspended, or revoked, or was it expelled from any such organization? Yes  No

24. Has any permanent or temporary injunction (including a cease and desist order) ever been entered against you enjoining conduct as an investment advisor, underwriter, broker, dealer or municipal securities dealer or as an affiliated person of any investment company, bank dealer, or municipal securities dealer or as an affiliated person of any investment company, bank, insurance company, or enjoining any conduct related to such activities or any transactions in any security? Yes  No

25. Have you been convicted within the past ten years of any felony or misdemeanor: (i) involving the purchase or sale of any security, the taking of a false oath, the making of a false report, bribery, perjury, burglary, or conspiracy to commit any such offense; (ii) arising out of the conduct of the business of a broker, dealer, municipal securities dealer, investment adviser, bank, insurance company, or fiduciary; (iii) involving larceny, theft, robbery, extortion, forgery, counterfeiting, fraudulent concealment, embezzlement, fraudulent conversion, or misappropriation of funds or securities; (iv) involving crimes of concealment of assets, false oaths or claims, bribery in a bankruptcy proceeding, mail fraud, fraud by wire (including telephone, telegraph, radio, or television), fraud or false statements? Yes  No

Date 6/16/09

Signature of Applicant *Sam D. Hammack*