

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 335843

FILED
Mar 20, 2009
Secretary of State

Entity Name: ESSLINGER-WOOTEN-MAXWELL, INC.

Current Principal Place of Business:

1360 SOUTH DIXIE HIGHWAY
CORAL GABLES, FL 33146

New Principal Place of Business:

Current Mailing Address:

666 GRAND AVE.
SUITE 2900
DES MOINES, IA 503030657

New Mailing Address:

FEI Number: 59-1220247 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PCEO () Delete
Name: SHUFFIELD, RONALD A
Address: 1360 S DIXIE HWY.
City-St-Zip: CORAL GABLES, FL 33146

Title: CFO () Delete
Name: AQUIRRE, HENA
Address: 333 SOUTH 7TH ST. #2700
City-St-Zip: MINNEAPOLIS, MN 55402

Title: SEC () Delete
Name: STRANDMO, DANA
Address: 333 SOUTH 7TH ST. #2700
City-St-Zip: MINNEAPOLIS, MN 55402

Title: DIR () Delete
Name: SHUFFIELD, RONALD A
Address: 1360 S DIXIE HWY.
City-St-Zip: CORAL GABLES, FL

Title: DIR () Delete
Name: MOLINE, ROBERT R
Address: 333 SOUTH 7TH ST. #2700
City-St-Zip: MINNEAPOLIS, MN 55402

Title: AS () Delete
Name: LEIGHTON, PAUL
Address: 666 GRAND AVE. #2900
City-St-Zip: DES MOINES, IA 503030657

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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Title: () Change () Addition
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City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAUL J. LEIGHTON

AS

03/20/2009

Electronic Signature of Signing Officer or Director

Date