

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000002914

FILED
Mar 25, 2009
Secretary of State

Entity Name: BERTHEL FISHER & COMPANY FINANCIAL SERVICES, INC.

Current Principal Place of Business:

701 TAMA STREET
MARION, IA 52302

New Principal Place of Business:

Current Mailing Address:

PO BOX 609
MARION, IA 52302

New Mailing Address:

FEI Number: 42-1029773 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC,
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331 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: C () Delete
Name: BERTHEL, THOMAS
Address: 701 TAMA STREET
City-St-Zip: MARION, IA 52302

Title: VC () Delete
Name: FISHER, FRED P
Address: 3101 BROADWAY STE. 230
City-St-Zip: KANSAS CITY, MO 64111

Title: PE () Delete
Name: WHEELAN, DWIGHT E
Address: 701 TAMA STREET
City-St-Zip: MARION, IA 52302

Title: DT () Delete
Name: BRENDENGEN, RONALD
Address: 701 TAMA STREET
City-St-Zip: MARION, IA 52302

Title: VP () Delete
Name: WEGMAN, DANIEL P
Address: 701 TAMA STREET
City-St-Zip: MARION, IA 52302

Title: S () Delete
Name: SMITH, LESLIE D
Address: 701 TAMA STREET
City-St-Zip: MARION, IA 52302

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEO (X) Change () Addition
Name: BERTHEL, THOMAS
Address: 701 TAMA STREET
City-St-Zip: MARION, IA 52302

Title: VC (X) Change () Addition
Name: FISHER, FRED P
Address: 701 TAMA STREET
City-St-Zip: MARION, IA 52302

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

Title: () Change () Addition
Name:
Address:
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: DANIEL P WEGMANN

VP/C

03/25/2009

Electronic Signature of Signing Officer or Director

_____ Date