

2006 FOR PROFIT CORPORATION REINSTATEMENT

**FILED
Jan 06, 2006
Secretary of State**

DOCUMENT# F04000007312

Entity Name: RSM MCGLADREY INSURANCE SERVICES, INC.

Current Principal Place of Business:

4400 MAIN STREET
KANSAS CITY, MO 64111

New Principal Place of Business:

Current Mailing Address:

4400 MAIN STREET
KANSAS CITY, MO 64111

New Mailing Address:

ATTENTION: SARAH JERKINS
3600 MANSELL ROAD, SUITE #500
ALPHARETTA, GA 30022

FEI Number: 20-1829015 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: NOT REQUIRED

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: TAIT, STEVEN
Address: 4400 MAIN STREET
City-St-Zip: KANSAS CITY, MO 64111

Title: V () Delete
Name: DIGBY, ROBERT
Address: 3600 MANSELL ROAD, SUITE 500
City-St-Zip: ALPHARETTA, GA 30022

Title: D () Delete
Name: ERNST, MARK
Address: 4400 MAIN STREET
City-St-Zip: KANSAS CITY, MO 64111

Title: S () Delete
Name: HOVLAND, DEBRA
Address: 3600 AMERICAN BLVD. W.
City-St-Zip: BLOOMINGTON, MN 554314502

Title: T () Delete
Name: SHULMAN, BECKY
Address: 4400 MAIN STREET
City-St-Zip: KANSAS CITY, MO 64111

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:

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 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: ROBERT M. DIGBY

Electronic Signature of Signing Officer or Director

V

01/06/2006

Date