

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000001354

FILED  
Jun 21, 2010  
Secretary of State

**Entity Name:** VALIC RETIREMENT SERVICES COMPANY

**Current Principal Place of Business:**

2929 ALLEN PKWY.  
HOUSTON, TX 77019

**New Principal Place of Business:**

**Current Mailing Address:**

2929 ALLEN PKWY  
A6-20  
HOUSTON, TX 77019

**New Mailing Address:**

**FEI Number:** 76-0519990      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301      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

**OFFICERS AND DIRECTORS:**

Title: PCEO  
Name: ABRAMS, BRUCE R  
Address: 2929 ALLEN PKWY  
City-St-Zip: HOUSTON, TX 77019

Title: VPT  
Name: MCNEAL, LOUIS V  
Address: 2929 ALLEN PKWY  
City-St-Zip: HOUSTON, TX 77019

Title: S  
Name: STONER, KATHERINE L  
Address: 2929 ALLEN PKWY  
City-St-Zip: HOUSTON, TX 77019

Title: D  
Name: BERNLOHR, KURT W  
Address: 2929 ALLEN PARKWAY  
City-St-Zip: HOUSTON, TX 77019

Title: TO  
Name: CRICKS, DANIEL R  
Address: 2929 ALLEN PKWY.  
City-St-Zip: HOUSTON, TX 77019

Title: SVPD  
Name: GILLIS, N S  
Address: 2929 ALLEN PRKWY  
City-St-Zip: HOUSTON, TX 77019

I hereby 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 all other like empowered.

SIGNATURE: DANIEL R. CRICKS

TO

06/21/2010

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date