

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000006427

FILED  
Apr 17, 2008  
Secretary of State

Entity Name: PRIMEVEST INSURANCE AGENCY OF ALABAMA, INC.

## Current Principal Place of Business:

400 1ST ST. SOUTH, STE. 300  
ST. CLOUD, MN 56302

## New Principal Place of Business:

## Current Mailing Address:

20 WASHINGTON AVE S  
RT 1261  
MINNEAPOLIS, MN 55401

## New Mailing Address:

20 WASHINGTON AVE S  
MINNEAPOLIS, MN 55401

FEI Number: 41-1786871

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: P ( ) Delete  
Name: SMILEY, STANLEY R  
Address: 200 NORTH SEPULVEDA BLVD.  
City-St-Zip: EL SEGUNDO, CA 90245

Title: S ( ) Delete  
Name: BENNER, JOY M  
Address: 20 WASHINGTON AVE S  
City-St-Zip: MINNEAPOLIS, MN 55401

Title: VT ( ) Delete  
Name: PENDERGRASS, DAVID S  
Address: 5780 POWERS FERRY ROAD  
City-St-Zip: ATLANTA, GA 30327

Title: D ( ) Delete  
Name: MCCOOL, LEANN  
Address: 400 FIRST STREET SOUTH  
City-St-Zip: ST. CLOUD, MN 56301

Title: D ( ) Delete  
Name: SIMMERS, JOHN S  
Address: 200 NORTH SEPULVEDA BLVD.  
City-St-Zip: EL SEGUNDO, CA 90245

Title: AS ( ) Delete  
Name: CAVENDER, DIANA R  
Address: 20 WASHINGTON AVE S  
City-St-Zip: MINNEAPOLIS, MN 55401

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: VPT (X) Change ( ) Addition  
Name: PENDERGRASS, DAVID S  
Address: 5780 POWERS FERRY ROAD  
City-St-Zip: ATLANTA, GA 30327

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: M. CHRISTINE FOSTER

AS

04/17/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date