2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 335843

Entity Name: ESSLINGER-WOOTEN-MAXWELL, INC.

FILED Apr 21, 2008 Secretary of State

Current Principal Place of Business:			New Princ	New Principal Place of Business:		
1360 SOUTH DIXIE HIGHWAY CORAL GABLES, FL 33146						
Current Mailing Address:			New Maili	New Mailing Address:		
666 GRAND AVE. SUITE 2900 DES MOINES, IA 503030657						
FEI Number: 59-1220247 FEI Number Applied For () FEI Nu		Number Not Appl	olicable () Certificate of Status Desired ()			
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:						
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 US						
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:			ADDITION	NS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	P. D () I SHUFFIELD, RO 1360 S DIXIE HV CORAL GABLES	VY.	Title: Name: Address: City-St-Zip:	PCEO (X) Change () Addition SHUFFIELD, RONALD A 1360 S DIXIE HWY. CORAL GABLES, FL 33146		
Title: Name: Address: City-St-Zip:	CFO () I AQUIRRE, HENA 333 SOUTH 7TH MINNEAPOLIS, M	ST. #2700	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	SEC () I STRANDMO, DAI 333 SOUTH 7TH MINNEAPOLIS, M	ST. #2700	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	DIR () I SHUFFIELD, RO 1360 S DIXIE H CORAL GABLES	MY.	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	DIR () [SATTLER, CIND 333 SOUTH 7TH MINNEAPOLIS, M	ST. #2700	Title: Name: Address: City-St-Zip:	DIR (X) Change () Addition MOLINE, ROBERT R 333 SOUTH 7TH ST. #2700 MINNEAPOLIS, MN 55402		
Title: Name: Address: City-St-Zip:	AS () I LEIGHTON, PAU 666 GRAND AVE DES MOINES IA	. #2900	Title: Name: Address: City-St-Zip:	() Change () Addition		

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 04/21/2008