

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000001979

FILED
Feb 06, 2009
Secretary of State

Entity Name: ARTHUR A. HIRMAN AGENCY, INC.

Current Principal Place of Business:

4001 W RIVER PKWY
ROCHESTER, MN 55903

New Principal Place of Business:

Current Mailing Address:

P.O.BOX 6887
ROCHESTER, MN 55903

New Mailing Address:

FEI Number: 41-0824922 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: VP () Delete
Name: SNYDER, MIKE
Address: 4001 W RIVER PKWY
City-St-Zip: ROCHESTER, MN 55903

Title: D () Delete
Name: MACKIN, PAUL
Address: 4001 W RIVER PKWY
City-St-Zip: ROCHESTER, MN 55903

Title: S () Delete
Name: STAFFON, KATE
Address: 4001 W RIVER PKWY
City-St-Zip: ROCHESTER, MN 55901

Title: T () Delete
Name: BECK, DAN
Address: 5300 MEMBERS PKWY
City-St-Zip: ROCHESTER, MN 55901

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:

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: KATE STAFFON

_____ Electronic Signature of Signing Officer or Director

MRS.

02/06/2009

_____ Date