

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 335843

FILED
Apr 17, 2012
Secretary of State

Entity Name: ESSLINGER-WOOTEN-MAXWELL, INC.

Current Principal Place of Business:

355 ALHAMBRA CIRCLE-SUITE 950
CORAL GABLES, FL 33134

New Principal Place of Business:

Current Mailing Address:

666 GRAND AVE.
SUITE 2900
DES MOINES, IA 503030657

New Mailing Address:

FEI Number: 59-1220247

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

OFFICERS AND DIRECTORS:

Title: PCEO
Name: SHUFFIELD, RONALD A
Address: 355 ALHAMBRA CIRCLE-SUITE 950
City-St-Zip: CORAL GABLES, FL 33134

Title: CFO
Name: AQUIRRE, HENA
Address: 355 ALHAMBRA CIRCLE-SUITE 950
City-St-Zip: CORAL GABLES, FL 33134

Title: SEC
Name: STRANDMO, DANA
Address: 333 SOUTH 7TH ST. #2700
City-St-Zip: MINNEAPOLIS, MN 55402

Title: DIR
Name: PELTIER, RONALD
Address: 333 SOUTH 7TH ST. #2700
City-St-Zip: MINNEAPOLIS, MN 55402

Title: DIR
Name: MOLINE, ROBERT R
Address: 333 SOUTH 7TH ST. #2700
City-St-Zip: MINNEAPOLIS, MN 55402

Title: AS
Name: LEIGHTON, PAUL
Address: 666 GRAND AVE. #2900
City-St-Zip: DES MOINES, IA 503030657

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: PAUL LEIGHTON

AS

04/17/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date