

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2007 8:00 am
Secretary of State

DOCUMENT # F01000001127

1. Entity Name
AFSG SECURITIES COMPANY



01-16-2007 90206 037 ***150.00

Principal Place of Business
**4333 EDGEWOOD ROAD NE
CEDAR RAPIDS IA 52499**

Mailing Address
**4333 EDGEWOOD ROAD NE
CEDAR RAPIDS IA 52499**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01052007 Chg-P CR2E034 (12/06)

City & State

City & State

4. FEI Number
23-2421076

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

Name

Please add the additional officers and directors listed in Item 11 to Item 10. We had reported these additions last year also, but they were never added.

FL Zip Code

8. The above named entity submits this statement for the purpose of changing the obligations of registered agent.

I am familiar with, and accept

Thank you

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME **NORMAN, LARRY N**
STREET ADDRESS **4333 EDGEWOOD ROAD NE**
CITY-ST-ZIP **CEDAR RAPIDS, IA 252499**

TITLE VDT ☒ Delete
NAME **DAY, KIM**
STREET ADDRESS **570 CARILLON PARKWAY**
CITY-ST-ZIP **SAINT PETERSBURG, FL 337161202**

TITLE V ☐ Delete
NAME **WACHENDORF, LISA A**
STREET ADDRESS **4333 EDGEWOOD ROAD NE, MS-4240**
CITY-ST-ZIP **CEDAR RAPIDS, IA 52499**

TITLE V ☐ Delete
NAME **CARTER, JOHN K**
STREET ADDRESS **570 CARILLON PARKWAY**
CITY-ST-ZIP **ST. PETERSBURG, FL 337161202**

TITLE V ☒ Delete
NAME **MORIARTY, THOMAS R**
STREET ADDRESS **570 CARILLON PARKWAY**
CITY-ST-ZIP **ST. PETERSBURG, FL 337161202**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☒ Addition
NAME **Nelson, Paula**
STREET ADDRESS **600 S. Hwy 169-Suite 1800**
CITY-ST-ZIP **Minneapolis, MN 55426**

TITLE ☐ Change ☒ Addition
NAME **Eckman, Phil**
STREET ADDRESS **600 S. Hwy 169-Suite 1800**
CITY-ST-ZIP **Minneapolis, MN 55426**

TITLE ☐ Change ☒ Addition
NAME **Gilmer, Linda**
STREET ADDRESS **4333 Edgewood Rd. NE - MS 4410**
CITY-ST-ZIP **Cedar Rapids, IA 52499**

TITLE V ☐ Change ☒ Addition
NAME **Koelen, Kyle**
STREET ADDRESS **570 Carillon Parkway**
CITY-ST-ZIP **St. Petersburg, FL 33716**

TITLE V ☐ Change ☒ Addition
NAME **Massrock, Mike**
STREET ADDRESS **570 Carillon Parkway**
CITY-ST-ZIP **St. Petersburg, FL 33716**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Lisa A Wachendorf, VP & CEO*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-9-07

Date

319-355-2589

Daytime Phone #