2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000002782

Entity Name: CAREER GENERAL AGENCY, INCORPORATED

FILED Apr 30, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:		
1111 ASHWORTH RD WEST DES MOINES, IA 50265					
Current Mailing Address:			New Mailing Address:		
1111 ASHWORTH RD WEST DES MOINES, IA 50265					
FEI Number:	12-1065839	FEI Number Applied For () FEI Nu	mber Not Appli	cable () Cer	tificate 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:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	P () I BECKSTROM, J. 1111 ASHWORT WEST DES MOI	H RD	Title: Name: Address: City-St-Zip:	()Char	nge () Addition
Title: Name: Address: City-St-Zip:	D () ROBERTS, JOHI 1111 ASHWORT WEST DES MOI	H RD	Title: Name: Address: City-St-Zip:	D (X) Chai MURRAY, CAHTY 1111 ASHWORTH R WEST DES MOINES	
Title: Name: Address: City-St-Zip:	S () FARR, THOMAS 1111 ASHWORT WEST DES MOI		Title: Name: Address: City-St-Zip:	()Char	nge () Addition
Title: Name: Address: City-St-Zip:	T () JOOS, MARK 1111 ASHWORT WEST DES MOI		Title: Name: Address: City-St-Zip:	()Char	nge () Addition
Title: Name: Address: City-St-Zip:	AVP () I JAMES, MARQ 1111 ASHWORT WEST DES MOI		Title: Name: Address: City-St-Zip:	VP (X) Chai JAMES, MARQ 1111 ASHWORTH R WEST DES MOINES	
Title: Name: Address: City-St-Zip:	C () I WALLACE, JAMI 1111 ASHWORT WEST DES MOI	'H ROAD	Title: Name: Address: City-St-Zip:	()Char	nge () Addition

SIGNATURE: THOMAS C FARR S 04/30/2009

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.