

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000001309

FILED
Jan 04, 2008
Secretary of State

Entity Name: AIMGP, INC.

Current Principal Place of Business:

12112 TECHNOLOGY BLVD., SUITE 100
AUSTIN, TX 78727

New Principal Place of Business:

12112 TECHNOLOGY BLVD
SUITE 100
AUSTIN, TX 78727

Current Mailing Address:

5810 E. SKELLY DRIVE
SUITE 1650
TULSA, OK 74135

New Mailing Address:

FEI Number: 73-1464132 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: P () Delete
Name: SMALLING, RICHARD
Address: 12112 TECHNOLOGY BLVD., SUITE 100
City-St-Zip: AUSTIN, TX 78727

Title: VS () Delete
Name: FRIZZELL, JOHNNY
Address: 12112 TECHNOLOGY BLVD., SUITE 100
City-St-Zip: AUSTIN, TX 78727

Title: AS () Delete
Name: RAINS, TAMARA
Address: 5810 E. SKELLY DRIVE, SUITE 1650
City-St-Zip: TULSA, OK 74135

Title: CD () Delete
Name: MEINIG, PETER C
Address: 5810 E. SKELLY DRIVE, SUITE 1650
City-St-Zip: TULSA, OK 74135

Title: CEOD () Delete
Name: SMALLING, ANNE M
Address: 12112 TECHNOLOGY BLVD STE 100
City-St-Zip: AUSTIN, TX 78727

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:

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: TAMARA RAINS

AS

01/04/2008

Electronic Signature of Signing Officer or Director

_____ Date