

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000007312

FILED  
Jan 18, 2007  
Secretary of State

Entity Name: RSM MCGLADREY INSURANCE SERVICES, INC.

## Current Principal Place of Business:

4400 MAIN STREET  
KANSAS CITY, MO 64111

## New Principal Place of Business:

## Current Mailing Address:

ATTENTION: SARAH JERKINS  
3600 MANSELL ROAD, SUITE #500  
ALPHARETTA, GA 30022

## New Mailing Address:

ATTENTION: JEFF WRONA  
3600 MANSELL ROAD, SUITE #500  
ALPHARETTA, GA 30022

FEI Number: 20-1829015

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: DP ( ) Delete  
Name: TAIT, STEVEN  
Address: 4400 MAIN STREET  
City-St-Zip: KANSAS CITY, MO 64111

Title: V ( ) Delete  
Name: DIGBY, ROBERT  
Address: 3600 MANSELL ROAD, SUITE 500  
City-St-Zip: ALPHARETTA, GA 30022

Title: D ( ) Delete  
Name: ERNST, MARK  
Address: 4400 MAIN STREET  
City-St-Zip: KANSAS CITY, MO 64111

Title: S ( ) Delete  
Name: HOVLAND, DEBRA  
Address: 3600 AMERICAN BLVD. W.  
City-St-Zip: BLOOMINGTON, MN 554314502

Title: T ( ) Delete  
Name: SHULMAN, BECKY  
Address: 4400 MAIN STREET  
City-St-Zip: KANSAS CITY, MO 64111

## 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 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: ROBERT DIGBY

V

01/18/2007

Electronic Signature of Signing Officer or Director

Date