2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2009
Secretary of State

DOCUMENT# F05000004678

Entity Name: INVESCO AIM INSURANCE AGENCY, INC.

Current Principal Place of Business:

11 GREENWAY PLAZA, SUITE 100
ATTN: MANDI SCHNEIDER
HOUSTON, TX 77046

New Principal Place of Business:

Current Mailing Address:

11 GREENWAY PLAZA, SUITE 100
ATTN: MANDI SCHNEIDER
HOUSTON, TX 77046

New Mailing Address:

FEI Number: 76-0457666 **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: PD ( ) Delete
Name: TAYLOR, PHILIP A
Address: 11 GREENWAY PLAZA, SUITE 100
City-St-Zip: HOUSTON, TX 77046

Title: VP ( ) Delete
Name: GIBSON, KRISTA D
Address: 11 GREENWAY PLAZA, SUITE 100
City-St-Zip: HOUSTON, TX 77046

Title: T ( ) Delete
Name: LEGE, ANNETTE
Address: 11 GREENWAY PLAZA, SUITE 100
City-St-Zip: HOUSTON, TX 77046

Title: CD ( ) Delete
Name: TAYLOR, PHILIP A
Address: 11 GREENWAY PLAZA, SUITE 100
City-St-Zip: HOUSTON, TX 77046

Title: SEC ( ) Delete
Name: ZERR, JOHN
Address: 11 GREENWAY PLAZA, SUITE 100
City-St-Zip: HOUSTON, TX 77046

Title: AS ( ) Delete
Name: DAVIDSON, PETER
Address: 11 GREENWAY PLAZA, SUITE 100
City-St-Zip: HOUSTON, TX 77046

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change ( ) Addition
Name: OTTINGER, SANDRA C
Address: 11 GREENWAY PLAZA, SUITE 100
City-St-Zip: HOUSTON, TX 77046

Title: T (X) Change ( ) Addition
Name: LEGE, ANNETTE
Address: 1555 PEACHTREE ST NE
City-St-Zip: ATLANTA, GA 30309

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: JENNIFER MANDI SCHNEIDER COMP 01/20/2009

Electronic Signature of Signing Officer or Director — Date