

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000004678

FILED
Apr 26, 2011
Secretary of State

Entity Name: INVESCO 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

OFFICERS AND DIRECTORS:

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

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

Title: T
Name: LEGE, ANNETTE
Address: 1555 PEACHTREE ST NE
City-St-Zip: ATLANTA, GA 30309

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: SANDRA OTTINGER

VP

04/26/2011

Electronic Signature of Signing Officer or Director

Date