# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jan 04, 2011**
**Secretary of State**

DOCUMENT# F06000001973

**Entity Name:** INSURANCE AGENCY MARKETING SERVICES, INC.

**Current Principal Place of Business:**

11605 W DODGE RD #1
OMAHA, NE 681542590

**New Principal Place of Business:**

407 N 117TH ST STE 100
OMAHA, NE 68154

**Current Mailing Address:**

PO BOX 750
BOYS TOWN, NE 680100750

**New Mailing Address:**

**FEI Number: 47-0700005** **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: C
Name: HEITZ, MARK V
Address: 407 N 117TH ST STE 100
City-St-Zip: OMAHA, NE 68154

Title: PD
Name: HEURING, CHARLES M
Address: 407 N 117TH ST STE 100
City-St-Zip: OMAHA, NE 68154

Title: CEO
Name: HEURING, CHARLES M
Address: 407 N 117TH ST STE 100
City-St-Zip: OMAHA, NE 68154

Title: DVS
Name: MURRAY, STEVE M
Address: 407 N 117TH ST STE 100
City-St-Zip: OMAHA, NE 68154

Title: COO
Name: MURRAY, STEVE M
Address: 407 N 117TH ST STE 100
City-St-Zip: OMAHA, NE 68154

Title: D
Name: GENGLER, BRIAN F
Address: 407 N 117TH ST STE 100
City-St-Zip: OMAHA, NE 68154

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: CHARLES HEURING PRES 01/04/2011

Electronic Signature of Signing Officer or Director Date