## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F06000002009

Entity Name: AMERICAN INVESTORS SALES GROUP, INC.

FILED Mar 07, 2008 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 555 S. KANSAS AVENUE TOPEKA, KS 66603 **Current Mailing Address: New Mailing Address:** 699 WALNUT, SUITE 2000 555 S. KANSAS AVENUE TOPEKA, KS 66603 DES MOINES, IA 50309 FEI Number: 48-0730677 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: CFO ( ) Delete () Change () Addition Name: HEITZ, MARK V Name: 555 S. KANSAS AVENUE Address: Address: TOPEKA, KS 66603 City-St-Zip: City-St-Zip: Title: Title: () Delete () Change () Addition Name: HAMMOND, MARK K Name: 555 S. KANSAS AVENUE Address: Address: TOPEKA, KS 66603 City-St-Zip: City-St-Zip: Title: Title: (X) Change ( ) Addition SECR ( ) Delete SECR MILLER, MICHAEL H MILLER, MICHAEL H Name: Name: 555 S. KANSAS AVENUE 699 WALNUT, SUITE 2000 Address: Address: City-St-Zip: **TOPEKA, KS 66603** City-St-Zip: DES MOINES, IA 50309 Title: TREA ( ) Delete Title: () Change () Addition HAMMOND, MARK K Name: Name: Address: 555 S. KANSAS AVENUE Address: City-St-Zip: TOPEKA, KS 66603 City-St-Zip: Title: Title: ( ) Delete () Change () Addition CONROY, CHRISTOPHER S Name: Name: 555 S. KANSAS AVENUE Address: Address: City-St-Zip: TOPEKA, KS 66603 City-St-Zip: Title: () Delete Title: DIRE ( ) Change (X) Addition Name: Name: GODLASKY, THOMAS C DIRECTO 699 WALNUT, SUITE 2000 Address: Address: City-St-Zip: City-St-Zip: DES MOINES, IA 50309

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: MICHAEL H. MILLER SECY 03/07/2008