

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000002009

FILED
Jan 21, 2009
Secretary of State

Entity Name: AMERICAN INVESTORS SALES GROUP, INC.

Current Principal Place of Business:

555 S. KANSAS AVENUE
TOPEKA, KS 66603

New Principal Place of Business:

Current Mailing Address:

699 WALNUT, SUITE 2000
DES MOINES, IA 50309

New Mailing Address:

FEI Number: 48-0730677

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: CEO () Delete
Name: HEITZ, MARK V
Address: 555 S. KANSAS AVENUE
City-St-Zip: TOPEKA, KS 66603

Title: CFO () Delete
Name: HAMMOND, MARK K
Address: 555 S. KANSAS AVENUE
City-St-Zip: TOPEKA, KS 66603

Title: SECR () Delete
Name: MILLER, MICHAEL H
Address: 699 WALNUT, SUITE 2000
City-St-Zip: DES MOINES, IA 50309

Title: TREA () Delete
Name: HAMMOND, MARK K
Address: 555 S. KANSAS AVENUE
City-St-Zip: TOPEKA, KS 66603

Title: VP () Delete
Name: CONROY, CHRISTOPHER S
Address: 555 S. KANSAS AVENUE
City-St-Zip: TOPEKA, KS 66603

Title: DIRE () Delete
Name: GODLASKY, THOMAS C DIRECTO
Address: 699 WALNUT, SUITE 2000
City-St-Zip: DES MOINES, IA 50309

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: CFO (X) Change () Addition
Name: HAMMOND, MARK K
Address: 77 WEST WACKER DRIVE, 46TH FLOOR
City-St-Zip: CHICAGO, IL 60601

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

Title: TREA (X) Change () Addition
Name: HAMMOND, MARK K
Address: 77 WEST WACKER DRIVE, 46TH FLOOR
City-St-Zip: CHICAGO, IL 60601

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: MICHAEL H. MILLER

SECR

01/21/2009

Electronic Signature of Signing Officer or Director

Date