

By dofer

* * * COMMUNICATION RESULT REPORT (JAN. 14. 2009 11:30AM) * * *

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Division of Corporations
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To: Division of Corporations
Fax Number : (850) 617-6384

From: Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
Phone : (850) 521-1000
Fax Number : (850) 558-1575

CORPORATION REINSTATEMENT

MID-AMERICA AGENCY SERVICES, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$900.00

State # 2956


Bj 1 of 2

2009 FOR PROFIT CORPORATION REINSTATEMENT

FILED

09 JAN 14 AM 9:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F07000001899	
1. Entity Name MID-AMERICA AGENCY SERVICES, INC.	

Principal Place of Business 8990 WEST DODGE ROAD, SUITE 334 OMAHA, NE 68114	Mailing Address 8990 WEST DODGE ROAD, SUITE 334 OMAHA, NE 68114
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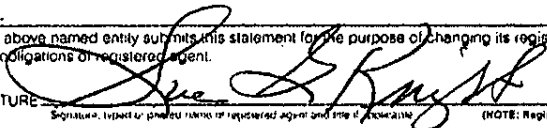
2. Principal Place of Business - No P.O. Box #	3. Mailing Address 170 MOUNT AIRY RD.
State, Apt. #, etc.	State, Apt. #, etc.

01062009 REIN-P CR2E098 (1/07)

City & State BASING RIDGE, NJ	4. FEI Number 47-0720501	Applied For <input type="checkbox"/> Not Applicable
Zip 07920	Country USA	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SPENCE, JEAN 2 HARVARD CIRCLE, SUITE 450 WEST PALM BEACH, FL 33409-1987		7. Name and Address of New Registered Agent Name Corporation Service Company Street Address (P.O. Box Number is Not Acceptable) 1201 Hays Street City Tallahassee FL Zip Code 32301	
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE:  **Sue G. Knight as its agent** DATE: 1-14-09

FILE NOW!!! FEE IS \$900.00

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	P	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	SHERRILL, STEVE		NAME	MEARS MARCUS			
STREET ADDRESS	8990 WEST DODGE ROAD, SUITE 334		STREET ADDRESS	170 MOUNT AIRY RD			
CITY-ST-ZIP	OMAHA, NE 68114		CITY-ST-ZIP	BASING RIDGE, NJ 07920			
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	WELCH, TOM		NAME				
STREET ADDRESS	8990 WEST DODGE ROAD, SUITE 334		STREET ADDRESS				
CITY-ST-ZIP	OMAHA, NE 68114		CITY-ST-ZIP				
TITLE	VP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	ROMANS, MARLA		NAME				
STREET ADDRESS	8990 WEST DODGE ROAD, SUITE 334		STREET ADDRESS				
CITY-ST-ZIP	OMAHA, NE 68114		CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE	TREASURER/DIRECTOR	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME			NAME	MICHAEL SHEA			
STREET ADDRESS			STREET ADDRESS	170 MOUNT AIRY RD			
CITY-ST-ZIP			CITY-ST-ZIP	BASING RIDGE, NJ 07920			
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE:  **SVP, CFO & TREASURER** DATE: 01/8/09 (901) 953-3264

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