

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90204 023 ***150.00

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1. Entity Name
MUTUAL OF OMAHA INVESTOR SERVICES, INC.



Principal Place of Business
**MUTUAL OF OMAHA PLAZA
OMAHA, NE 68175-1020 US**

Mailing Address
**MUTUAL OF OMAHA PLAZA
OMAHA, NE 68175-1020 US**

40067304



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04252006 Chg-P CR2E034 (11/05)

4. FEI Number
47-0770844

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SPEERS, JAMES W
15310 AMBERLY DRIVE
STE 200
TAMPA, FL 33647**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE V
NAME AUGUSTYN, LINDA K
STREET ADDRESS MUTUAL OF OMAHA PLAZA
CITY-ST-ZIP OMAHA, NE 68175-1020 ☐ Delete

TITLE V
NAME LARKIN, MICHAEL
STREET ADDRESS MUTUAL OF OMAHA PLAZA
CITY-ST-ZIP OMAHA, NE 68175-1020 ☐ Change ☒ Addition

TITLE PT
NAME BLUVAS, WILLIAM J
STREET ADDRESS MUTUAL OF OMAHA PLAZA
CITY-ST-ZIP OMAHA, NE 681751020 ☐ Delete

TITLE AT
NAME HUFF, DELMER
STREET ADDRESS MUTUAL OF OMAHA PLAZA
CITY-ST-ZIP OMAHA, NE 68175-1020 ☐ Change ☒ Addition

TITLE ATAS
NAME OWENS, AMY J.
STREET ADDRESS MUTUAL OF OMAHA PLAZA
CITY-ST-ZIP OMAHA, NE ☐ Delete

TITLE V/ATAS
NAME OWENS, AMY J.
STREET ADDRESS MUTUAL OF OMAHA PLAZA
CITY-ST-ZIP OMAHA, NE 68175-1020 ☒ Change ☐ Addition

TITLE VS
NAME HUSS, MICHAEL
STREET ADDRESS MUTUAL OF OMAHA PLAZA
CITY-ST-ZIP OMAHA, NE 68175 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE PD
NAME WITT, RICHARD A
STREET ADDRESS MUTUAL OF OMAHA PLAZA
CITY-ST-ZIP OMAHA, NE 68175 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME WITT, RICHARD A
STREET ADDRESS MUTUAL OF OMAHA PLAZA
CITY-ST-ZIP OMAHA, NE 68175 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/06

402-351-8986

Date

Daytime Phone #