## 2011 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F95000000040

Entity Name: MUTUAL OF OMAHA INVESTOR SERVICES, INC.

FILED Apr 11, 2011 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

MUTUAL OF OMAHA PLAZA OMAHA, NE 681751020 US

Current Mailing Address: New Mailing Address:

MUTUAL OF OMAHA PLAZA OMAHA, NE 681751020 US

FEI Number: 47-0770844 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:

 SPEERS, JAMES W
 SPEERS, JAMES W

 15310 AMBERLY DRIVE
 8875 HIDDEN RIVER PKWY

 STE 200
 STE 160

 TAMPA, FL 33647 US
 TAMPA, FL 336372011 US

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: 04/11/2011

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

Title: \

Name: AUGUSTYN, LINDA K Address: MUTUAL OF OMAHA PLAZA City-St-Zip: OMAHA, NE 68175

Title: [

Name: JOHN, HAVER L

Address: MUTUAL OF OMAHA PLAZQ City-St-Zip: OMAHA, NE 68175

Title: F

Name: OWENS, AMY J

Address: MUTUAL OF OMAHA PLAZA City-St-Zip: OMAHA, NE 68175

Title: VS

Name: HUSS, MICHAEL

Address: MUTUAL OF OMAHA PLAZA City-St-Zip: OMAHA, NE 68175

Title: \

Name: LARKIN, MICHAEL
Address: MUTUAL OF OMAHA PLAZA
City-St-Zip: OMAHA, NE 68175

Title: [

Name: WITT, RICHARD A
Address: MUTUAL OF OMAHA PLAZA
City-St-Zip: OMAHA, NE 68175

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: AMY J OWENS P 04/11/2011