

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96000000951

FILED
Jan 30, 2009
Secretary of State

Entity Name: PSI INSTITUTIONAL ADVISORS, INC.

Current Principal Place of Business:

701 WESTERN AVENUE
2ND FLOOR
GLENDALE, CA 912012349

New Principal Place of Business:

Current Mailing Address:

ATTN INCOME TAX DEPT
701 WESTERN AVE 2ND FLOOR
GLENDALE, CA 912012349

New Mailing Address:

FEI Number: 94-4553166

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S PINE ISLAND RD
PLANTATION, FL 33321 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: P () Delete
Name: HAVNER, RONALD L JR
Address: 701 WESTERN AVE
City-St-Zip: GLENDALE, CA

Title: CFO () Delete
Name: REYES, JOHN
Address: 701 WESTERN AVE
City-St-Zip: GLENDALE, CA 91201

Title: VP () Delete
Name: GERICH, OBREN B
Address: 701 WESTERN AVE
City-St-Zip: GLENDALE, CA 91201

Title: VP () Delete
Name: ADAMS, DREW
Address: 701 WESTERN AVENUE
City-St-Zip: GLENDALE, CA 91201

Title: VP () Delete
Name: SCOTT, TIMOTHY A
Address: 701 WESTERN AVE
City-St-Zip: GLENDALE, CA 91201

Title: VPS () Delete
Name: HEIM, STEPHANIE
Address: 701 WESTERN AVENUE
City-St-Zip: GLENDALE, CA 91201

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: DREW ADAMS

VP

01/30/2009

Electronic Signature of Signing Officer or Director

Date