

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000006427

FILED
Apr 17, 2008
Secretary of State

Entity Name: PRIMEVEST INSURANCE AGENCY OF ALABAMA, INC.

Current Principal Place of Business:

400 1ST ST. SOUTH, STE. 300
ST. CLOUD, MN 56302

New Principal Place of Business:

Current Mailing Address:

20 WASHINGTON AVE S
RT 1261
MINNEAPOLIS, MN 55401

New Mailing Address:

20 WASHINGTON AVE S
MINNEAPOLIS, MN 55401

FEI Number: 41-1786871

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: P () Delete
Name: SMILEY, STANLEY R
Address: 200 NORTH SEPULVEDA BLVD.
City-St-Zip: EL SEGUNDO, CA 90245

Title: S () Delete
Name: BENNER, JOY M
Address: 20 WASHINGTON AVE S
City-St-Zip: MINNEAPOLIS, MN 55401

Title: VT () Delete
Name: PENDERGRASS, DAVID S
Address: 5780 POWERS FERRY ROAD
City-St-Zip: ATLANTA, GA 30327

Title: D () Delete
Name: MCCOOL, LEANN
Address: 400 FIRST STREET SOUTH
City-St-Zip: ST. CLOUD, MN 56301

Title: D () Delete
Name: SIMMERS, JOHN S
Address: 200 NORTH SEPULVEDA BLVD.
City-St-Zip: EL SEGUNDO, CA 90245

Title: AS () Delete
Name: CAVENDER, DIANA R
Address: 20 WASHINGTON AVE S
City-St-Zip: MINNEAPOLIS, MN 55401

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: VPT (X) Change () Addition
Name: PENDERGRASS, DAVID S
Address: 5780 POWERS FERRY ROAD
City-St-Zip: ATLANTA, GA 30327

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: M. CHRISTINE FOSTER

AS

04/17/2008

Electronic Signature of Signing Officer or Director

Date