2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2009
Secretary of State

DOCUMENT# F98000004854

Entity Name: GREAT WEST SERVICES, INC.

Current Principal Place of Business:

1100 W. 29TH ST
SOUTH SIOUX CITY, NE 68776

New Principal Place of Business:

Current Mailing Address:

1100 W. 29TH ST
SOUTH SIOUX CITY, NE 68776

New Mailing Address:

FEI Number: 47-0430607 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KESSLER, PAULA
NATIONSBANK BLDG, ONE FINANCIAL PLAZA
17TH FLOOR
FT LAUDERDALE, FL 33394 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: D ( ) Delete
Name: FUGLEBERG, HUGH H
Address: 1100 W. 29TH ST
City-St-Zip: SOUTH SIOUX CITY, NE 68776

Title: AT ( ) Delete
Name: ANDERSON, MARY E
Address: 1100 W 29TH ST
City-St-Zip: SOUTH SIOUX CITY, NE 68776

Title: VTD ( ) Delete
Name: TENHULZEN, GAYLEN L
Address: 1100 W. 29TH ST
City-St-Zip: SOUTH SIOUX CITY, NE 68776

Title: PD ( ) Delete
Name: LAWSON, RAYMOND A III
Address: 2030 FALLING WATER ROAD STE 300
City-St-Zip: KNOXVILLE, TN 37922

Title: S ( ) Delete
Name: COOK, DEBORAH J
Address: 1100 W. 29TH ST
City-St-Zip: SOUTH SIOUX CITY, NE 68776

Title: ( ) Delete
Name:
Address:
City-St-Zip:

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: AS ( ) Change (X) Addition
Name: POSSON, CRAIG A
Address: 1100 WEST 29TH STREET
City-St-Zip: SOUTH SIOUX CITY, NE 68776 US

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: CRAIG A. POSSON AS 04/27/2009

Electronic Signature of Signing Officer or Director — Date