

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M10000000773

FILED
Jan 28, 2011
Secretary of State

Entity Name: MAG MUTUAL FINANCIAL SERVICES, LLC

Current Principal Place of Business:

3525 PIEDMONT ROAD N.E., BLDG. 8-600
ATLANTA, GA 303051556

New Principal Place of Business:

Current Mailing Address:

3525 PIEDMONT ROAD N.E., BLDG. 8-600
ATLANTA, GA 303051556

New Mailing Address:

FEI Number: 58-2242202

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

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

MANAGING MEMBERS/MANAGERS:

Title: MGR
Name: VANDIVER, ROY W M.D.
Address: 3525 PIEDMONT ROAD N.E., BLDG. 8-600
City-St-Zip: ATLANTA, GA 303051556

Title: MGR
Name: ANDREWS, CATHERINE S M.D.
Address: 3825 CHEROKEE STREET
City-St-Zip: KENNESAW, GA 30144

Title: MGR
Name: CHEEK, BENJAMIN H
Address: 2000 HAMILTON ROAD
City-St-Zip: COLUMBUS, GA 319048927

Title: P
Name: GRIMES, DARRELL O
Address: 3525 PIEDMONT ROAD N.E., BLDG. 8-600
City-St-Zip: ATLANTA, GA 303051556

Title: V
Name: CHLON, MICHAEL A
Address: 3525 PIEDMONT ROAD N.E., BLDG. 8-600
City-St-Zip: ATLANTA, GA 303051556

Title: T
Name: HAMMETT, MARC D
Address: 3525 PIEDMONT ROAD N.E., BLDG. 8-600
City-St-Zip: ATLANTA, GA 303051556

I hereby certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: JOSEPH L. CREGAN

SEC

01/28/2011

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date