

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000117163

FILED
Oct 29, 2007
Secretary of State

Entity Name: DAVENPORT RETIREMENT SERVICES, INC.

Current Principal Place of Business:

14220 ROYAL HARBOUR CT STE 910
FT MYERS, FL 33908

New Principal Place of Business:

220 INSURANCE DRIVE
SUITE #B
FT. WAYNE, IN 46825

Current Mailing Address:

14220 ROYAL HARBOUR CT STE 910
FT MYERS, FL 33908

New Mailing Address:

220 INSURANCE DRIVE
SUITE #B
FT. WAYNE, IN 46825

FEI Number: 20-1487046

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPCO, INC.
2699 S BAYSHORE DR 7 FLOOR
MIAMI, FL 33133 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: FRANK T. ADAMS, VP OF CORPCO, INC.

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSD () Delete
Name: WEADE, DIANN K
Address: 14220 ROYAL HARBOUR CT STE 910
City-St-Zip: FT MYERS, FL 33908

Title: VPT (X) Delete
Name: WEADE, RON G
Address: 14220 ROYAL HARBOUR CT STE 910
City-St-Zip: FT MYERS, FL 33908

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change () Addition
Name: WEADE, RON G
Address: 220 INSURANCE DRIVE, SUITE #B
City-St-Zip: FT. WAYNE, IN 46825

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: RON G. WEADE

PSTD

10/29/2007

Electronic Signature of Signing Officer or Director

Date