

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90184 046 ***150.00

DOCUMENT #

1. Entity Name

INVESCO Institutional (N.A.), Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1360 Peachtree Street, N.E.

3. Mailing Address

1360 Peachtree Street, NE

Suite, Apt. #, etc.

Suite 100

Suite, Apt. #, etc.

Suite 100

City & State

Atlanta, GA 30309

City & State

Atlanta, GA 30309

Zip

30309

Country

USA

Zip

30309

Country

USA

4. FEI Number

58-1707262

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

CT Corporation System

Street Address (P.O. Box Number is Not Acceptable)

1200 S. Pine Island Road

City

Plantation

FL

Zip Code
33324

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**President/CEO/Director-Chairman
John D. Rogers
1360 Peachtree St, NE, Ste 100
Atlanta, GA 30309**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**Executive VP/Secretary/Director
Luis A. Aguilar
1360 Peachtree St, NE, Ste 100
Atlanta, GA 30309**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**CFO/Director
David A. Hartley
1360 Peachtree St, NE, Ste 100
Atlanta, Georgia 30309**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Luis A. Aguilar, EVP/Sec. 4/29/2002 4048920896

Date

Daytime Phone #

CR2E034B (12/01)