

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 27, 2007 8:00 am**  
**Secretary of State**

04-27-2007 90260 001 \*\*\*300.00

**DOCUMENT # P22363**

1. Entity Name  
INVESCO INSTITUTIONAL (N.A.), INC.



Principal Place of Business  
1360 PEACHTREE STREET, NE  
SUITE 100  
ATLANTA, GA 30309

Mailing Address  
1360 PEACHTREE STREET, NE  
SUITE 100  
ATLANTA, GA 30309

00011321



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04192007 Chg-P CR2E034 (12/06)

City & State

City & State

4. FEI Number  
58-1707262

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION, FL 33324

Name

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

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
CCEO  
ROGERS, JOHN  
1360 PEACHTREE ST. NE  
ATLANTA, GA 30309 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Director  
Armour, G. Mark  
1360 Peachtree St., NE, Suite 100  
Atlanta, GA 30309 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DCFO  
HARTLEY, DAVID A  
1360 PEACHTREE STREET NE  
ATLANTA, GA 30309 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
S  
KUPOR, JEFFREY  
1360 PEACHTREE STREET N.E. SUITE 100  
ATLANTA, GA 30309 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
ROGERS, JOHN D  
1360 PEACHTREE STREET NE  
ATLANTA, GA 30309 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
CEO  
Armour, G. Mark  
1360 Peachtree St., NE, Suite 100  
Atlanta, GA 30309 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
CCO  
KAWAKAMI, BRIAN  
1166 AVENUE OF THE AMERICAS  
NEW YORK, NY 10036 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
CCO  
Spillane, Todd  
11 Greenway Plaza Suite 100  
Houston, TX 77046 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
AS  
JORDAN II, HAROLD W  
1360 PEACHTREE STREET N.E. SUITE 100  
ATLANTA, GA 30309 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Jeffrey H. Kupor, Secretary 4/20/2007 404-439-3407

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #