## 2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000004678

Entity Name: INVESCO INSURANCE AGENCY, INC.

**Current Principal Place of Business:** 

11 GREENWAY PLAZA

ATTN: MANDI SCHNEIDER SUITE 1000

HOUSTON, TX 77046

**Current Mailing Address:** 

11 GREENWAY PLAZA

ATTN: MANDI SCHNEIDER SUITE 1000

HOUSTON, TX 77046 US

FEI Number: 76-0457666 Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 US

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:

City-State-Zip:

City-State-Zip:

Electronic Signature of Registered Agent

Name

Address

City-State-Zip:

City-State-Zip:

City-State-Zip:

VΡ

**SUITE 1000** 

**SUITE 1000** 

HOUSTON TX 77046

11 GREENWAY PLAZA

HOUSTON TX 77046

HOUSTON TX 77046

1000

Officer/Director Detail:

Title DIRECTOR, CHAIRMAN AND Title

**PRESIDENT** 

OTTINGER, SANDRA C Name TAYLOR, PHILIP A 11 GREENWAY PLAZA Address

Address 11 GREENWAY PLAZA

**SUITE 1000** 

City-State-Zip: HOUSTON TX 77046

Title DIRECTOR AND SENIOR VP Title **TREASURER** ZERR, JOHN Name

LEGE. ANNETTE Name

1555 PEACHTREE ST NE Address

ATLANTA GA 30309 City-State-Zip:

Title DIRECTOR AND SENIOR VP Title AS

WENDLER, GARY Name DAVIDSON, PETER Name

Address 11 GRFFNWAY PI AZA Address 11 GREENWAY PLAZA ATTN: MANDI SCHNEIDER SUITE **SUITE 1000** 

HOUSTON TX 77046

Title ASSISTANT SECRETARY

HOUSTON TX 77046

OTHER, HEAD OF HUMAN Title RINGOLD, MELANIE Name RESOURCES, NORTH AMERICA

11 GREENWAY PLAZA Name RARICK, RICHARD Address

ATTN: MANDI SCHNEIDER SUITE

11 GREENWAY PLAZA Address 1000 ATTN: MANDI SCHNEIDER SUITE

City-State-Zip: HOUSTON TX 77046

I hereby 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 all other like empowered.

04/28/2017 VΡ SIGNATURE: SANDRA OTTINGER

Electronic Signature of Signing Officer/Director Detail

Date

Date

**FILED** Apr 28, 2017

**Secretary of State** 

CC4752471562