

**2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P22363

**FILED**  
**Jan 14, 2020**  
**Secretary of State**  
**2240168818CC**

**Entity Name:** INVESCO ADVISERS, INC.

**Current Principal Place of Business:**

1555 PEACHTREE STREET, NE  
SUITE 1800  
ATLANTA, GA 30309

**Current Mailing Address:**

1555 PEACHTREE STREET, NE  
SUITE 1800  
ATLANTA, GA 30309

**FEI Number:** 58-1707262

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CT CORPORATION SYSTEM  
1200 S. 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title DCEO  
Name MCGREEVEY, GREGORY  
Address 1555 PEACHTREE ST NE, STE 1800  
City-State-Zip: ATLANTA GA 30309

Title CAO  
Name LEGE, ANNETTE  
Address 1555 PEACHTREE STREET NE, STE 1800  
City-State-Zip: ATLANTA GA 30309

Title SVP  
Name KUPOR, JEFFREY H  
Address 1555 PEACHTREE STREET NE, SUITE 1800  
City-State-Zip: ATLANTA GA 30309

Title S  
Name KUPOR, JEFFREY H  
Address 1555 PEACHTREE ST NE, STE 1800  
City-State-Zip: ATLANTA GA 30309

Title DIRECTOR  
Name STARR, LOREN M  
Address 1555 PEACHTREE ST NE, SUITE 1800  
City-State-Zip: ATLANTA GA 30309

Title DIRECTOR  
Name CAROME, KEVIN M  
Address 1555 PEACHTREE ST NE, SUITE 1800  
City-State-Zip: ATLANTA GA 30309

Title DIRECTOR  
Name MEADOWS, COLIN D  
Address 1555 PEACHTREE ST NE, SUITE 1800  
City-State-Zip: ATLANTA GA 30309

Title DIRECTOR  
Name SCHLOSSBERG, ANDREW R.  
Address 1555 PEACHTREE STREET, NE SUITE 1800  
City-State-Zip: ATLANTA GA 30309

*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.*

**SIGNATURE:** JEFFREY H. KUPOR

**SECRETARY**

**01/14/2020**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date