


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 24, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # F02000002620**  
1. Entity Name  
**RISK ADMINISTRATION SERVICES, INC.**



Principal Place of Business      Mailing Address  
**3900 WEST 53RD ST.**      **PO BOX 89310**  
**SIoux FALLS, SD 57106**      **SIoux FALLS, SD 57109-1008**

**DO NOT WRITE IN THIS SPACE**



01112006    No Chg-P    CR2E034 (11/05)

4. FEI Number      Applied For  
**46-0407236**      Not Applicable

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

6. Name and Address of Current Registered Agent  
**C T CORPORATION SYSTEM**  
**1200 SOUTH PINE ISLAND ROAD**  
**PLANTATION, FL 33324**

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IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**      9. Election Campaign Financing      **\$5.00 May Be**  
**After May 1, 2006 Fee will be \$550.00**      Trust Fund Contribution.            **Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	V
NAME	JOHNSON, RALPH E
STREET ADDRESS	3900 WEST 53RD ST.
CITY-ST-ZIP	SIoux FALLS, SD 57106
TITLE	CP
NAME	JOHNSON, RICHARD EUGENE
STREET ADDRESS	3900 WEST 53RD ST.
CITY-ST-ZIP	SIoux FALLS, SD 57106
TITLE	SV
NAME	JOHNSON, R. EDWARD
STREET ADDRESS	3900 WEST 53RD ST.
CITY-ST-ZIP	SIoux FALLS, SD 57106
TITLE	V
NAME	KLAHSEN, LARRY EUGENE
STREET ADDRESS	3900 WEST 53RD ST.
CITY-ST-ZIP	SIoux FALLS, SD 57106
TITLE	VGC
NAME	HOLLAN, ROBERT J
STREET ADDRESS	3900 WEST 53RD ST.
CITY-ST-ZIP	SIoux FALLS, SD 57106
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/05/06-80072-018 150.00

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:** \_\_\_\_\_ **4-20-06** **605-361-9798**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #