

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000002620

FILED
Jan 12, 2009
Secretary of State

Entity Name: RISK ADMINISTRATION SERVICES, INC.

Current Principal Place of Business:

300 CHERAPA PLACE
SUITE 401
SIOUX FALLS, SD 57103

New Principal Place of Business:

Current Mailing Address:

PO BOX 89310
SIOUX FALLS, SD 571091008

New Mailing Address:

PO BOX 89310
SIOUX FALLS, SD 571099310 US

FEI Number: 46-0407236

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: JOHNSON, RICHARD E
Address: 300 CHERAPA PLACE SUITE 401
City-St-Zip: SIOUX FALLS, SD 57103

Title: VP () Delete
Name: JOHNSON, R. EDWARD
Address: 300 CHERAPA PLACE SUITE 401
City-St-Zip: SIOUX FALLS, SD 57103

Title: VP () Delete
Name: KLAAHSEN, LARRY E
Address: 300 CHERAPA PLACE SUITE 401
City-St-Zip: SIOUX FALLS, SD 57103

Title: VGC () Delete
Name: HOLLAN, ROBERT J
Address: 300 CHERAPA PLACE SUITE 401
City-St-Zip: SIOUX FALLS, SD 57103

Title: VP () Delete
Name: BRANDNER, THEODORE
Address: 300 CHERAPA PLACE SUITE 401
City-St-Zip: SIOUX FALLS, SD 57103

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: ROBERT HOLLAN

VGC

01/12/2009

Electronic Signature of Signing Officer or Director

_____ Date