

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000004146

FILED  
Apr 06, 2009  
Secretary of State

Entity Name: ASURION WARRANTY SERVICES, INC.

**Current Principal Place of Business:**

648 GRASSMERE PARK, SUITE 300  
NASHVILLE, TN 372113658

**New Principal Place of Business:**

**Current Mailing Address:**

648 GRASSMERE PARK, SUITE 300  
NASHVILLE, TN 372113658

**New Mailing Address:**

FEI Number: 04-3707394      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

NRAI SERVICES, INC.  
2731 EXECUTIVE PARK DR., SUITE 4  
WESTON, FL 33331 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: D ( ) Delete  
Name: TAWHEEL, KEVIN M  
Address: 160 BOVET ROAD, SUITE 402  
City-St-Zip: SAN MATEO, CA 944103114

Title: CEOS ( ) Delete  
Name: COMOLLI, BRET E  
Address: 648 GRASSMERE PARK, SUITE 300  
City-St-Zip: NASHVILLE, TN 372113658

Title: P ( ) Delete  
Name: LAUE, CHARLES A  
Address: 8880 WARD PARKWAY  
City-St-Zip: KANSAS CITY, MO 64114

Title: S ( ) Delete  
Name: GIESLER, ASHLEY N  
Address: 160 BOVET ROAD, SUITE 402  
City-St-Zip: SAN MATEO, CA 94402

Title: TCFO ( ) Delete  
Name: RISK, GERALD A  
Address: 160 BOVET ROAD, SUITE 402  
City-St-Zip: SAN MATEO, CA 94402

**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: S (X) Change ( ) Addition  
Name: TOPOREK, LISA E  
Address: 648 GRASSMERE PARK, SUITE 300  
City-St-Zip: NASHVILLE, TN 37211

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: CHARLES A. LAUE

P

04/06/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date