

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# F03000006192

FILED
Mar 09, 2009
Secretary of State

Entity Name: ASURION FLORIDA WARRANTY SERVICES, INC.

Current Principal Place of Business:

648 GRASSMERE PARK, SUITE 300
NASHVILLE, TN 372113658 US

New Principal Place of Business:

Current Mailing Address:

648 GRASSMERE PARK, SUITE 300
NASHVILLE, TN 372113658 US

New Mailing Address:

8880 WARD PARKWAY
KANSAS CITY, MO 64114 US

FEI Number: 20-0473975

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
27321 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

OFFICERS AND DIRECTORS:

Title: CD () Delete
Name: TAWHEEL, KEVIN
Address: 160 BOVET ROAD, SUITE 402
City-St-Zip: SAN MATEO, CA 94402

Title: DASC () Delete
Name: COMOLLI, BRET
Address: 648 GRASSMERE PARK, SUITE 300
City-St-Zip: NASHVILLE, TN 37211

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

Title: S () Delete
Name: TOPOREK, LISA E
Address: 648 GRASSMERE PARK, STE 300
City-St-Zip: NASHVILLE, TN 37211

Title: T () Delete
Name: RISK, GERALD
Address: 548 GRASSMERE PARK, SUITE 300
City-St-Zip: NASHVILLE, TN 372113658

Title: VP () Delete
Name: REAGAN, WILLARD
Address: 648 GRASSMERE PARK, SUITE 300
City-St-Zip: NASHVILLE, TN 37211

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:

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

03/09/2009

Electronic Signature of Signing Officer or Director

Date