

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F09000004439

FILED
Jan 15, 2010
Secretary of State

Entity Name: N.E.W. WARRANTY SERVICES, INC.

Current Principal Place of Business:

22660 EXECUTIVE DRIVE,SUITE 122
STERLING, VA 20166

New Principal Place of Business:

Current Mailing Address:

8880 WARD PARKWAY
KANSAS CITY, MO 64114

New Mailing Address:

FEI Number: 33-1024505 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.,STE 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: PD
Name: NADER, III, ANTHONY P PD
Address: 22660 EXECUTIVE DRIVE,SUITE 122
City-St-Zip: STERLING, VA 20166

Title: VPS
Name: KRAMP, JEFFREY B VPS
Address: 22660 EXECUTIVE DRIVE,SUITE 122
City-St-Zip: STERLING, VA 20166

Title: DIR
Name: SCHAUFELD, FREDRICK D DIR
Address: 22660 EXECUTIVE DRIVE,SUITE 122
City-St-Zip: STERLING, VA 20166

Title: CEO
Name: SCHAUFELD, FREDRICK D CEO
Address: 22660 EXECUTIVE DRIVE,SUITE 122
City-St-Zip: STERLING, VA 20166

Title: TDVP
Name: WHITE, CLIFFORD A TDVP
Address: 22660 EXECUTIVE DRIVE,SUITE 122
City-St-Zip: STERLING, VA 20166

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: ANTHONY P. NADER, III

PD

01/15/2010

Electronic Signature of Signing Officer or Director

_____ Date