## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F96000000158

Entity Name: PROTECTIVE ADMINISTRATIVE SERVICES, INC.

FILED Apr 21, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:		
ONE CHESTERFIELD PLACE 14755 NORTH OUTER FORTY DRIVE, SUITE 400 ST. LOUIS, MO 63017 US					
Current Mailing Address:			New Mailing Address:		
		ACE DRTY DRIVE, SUITE 400 US			
FEI Number: 4	13-1724227	FEI Number Applied For ( ) FEI Number Applied For ( )	mber Not Appli	cable ( ) C	ertificate of Status Desired ( )
Name and	Address of Cu	rrent Registered Agent:	Name and	Address of Nev	v Registered Agent:
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 US					
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:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	GRIGGS, BRENT	FORTY DRIVE STE 400	Title: Name: Address: City-St-Zip:	( ) Ch	nange ( ) Addition
Title: Name: Address: City-St-Zip:	SVP ()E MCCLUNG, QUEI 14755 N OUTER CHESTERFIELD,	FORTY STE 400	Title: Name: Address: City-St-Zip:	VP (X) CH WALKER, STEVEN 2801 HWY 280 SC BIRMINGHAM, AL	).
Title: Name: Address: City-St-Zip:	VPSD ()E HACKETT, RICHA 14755 N OUTER CHESTERFIELD,	FORTY STE 400	Title: Name: Address: City-St-Zip:	( ) Cr	nange ( ) Addition
Title: Name: Address: City-St-Zip:	SVP () E KARCHUNAS, SC 14755 N OUTER CHESTERFIELD,	FORTY STE 400	Title: Name: Address: City-St-Zip:	( ) Cr	nange ( ) Addition
Title: Name: Address: City-St-Zip:	CARIOLANO, GR	FORTY DR, STE 400	Title: Name: Address: City-St-Zip:	CARIOLANO, GRE	ORTY DR, STE 400
Title: Name: Address: City-St-Zip:	DOWNAR, MARK	FORTY DR., STE 400	Title: Name: Address: City-St-Zip:	( ) Cr	nange ( ) Addition

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: MARK S. DOWNAR ASAT 04/21/2009