2009 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED
Sep 03, 2009
Secretary of State

DOCUMENT# M01000001727

Entity Name: ASURION PROTECTION SERVICES, LLC

Current Principal Place of Business:

8880 WARD PARKWAY
KANSAS CITY, MO 64114

New Principal Place of Business:

Current Mailing Address:

8880 WARD PARKWAY
KANSAS CITY, MO 64114

New Mailing Address:

FEI Number: 48-1248614 **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

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: TAWEEL, KEVIN M
Address: 160 BOVET ROAD, SUITE 402
City-St-Zip: SAN MATEO, CS 94402

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

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

ADDITIONS/CHANGES:

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

Title: MGR (X) Change ( ) Addition
Name: RISK, GERALD A
Address: 648 GRASSMERE PARK DRIVE, 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 is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: CHARLES A. LAUE MGR 09/03/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date