

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 646178

FILED
Jan 08, 2009
Secretary of State

Entity Name: ADMINISTRATIVE SERVICES, INC.

Current Principal Place of Business:

7990 S.W. 117TH AVENUE
MIAMI, FL 33183

New Principal Place of Business:

Current Mailing Address:

ATTN: LEGAL DEPT
3501 FRONTAGE RD
TAMPA, FL 33607

New Mailing Address:

FEI Number: 59-1953076 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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: BRODY, MARK E
Address: 5200 TOWN CENTER CIRCLE #470
City-St-Zip: BOCA RATON, FL 33486

Title: PCEO () Delete
Name: BAK, JEFFERY W
Address: 3501 FRONTAGE RD
City-St-Zip: TAMPA, FL 33607

Title: TEVP () Delete
Name: SCHULTZ, ARTHUR T
Address: 3501 FRONTAGE RD
City-St-Zip: TAMPA, FL 33607

Title: CFO () Delete
Name: CHADWICK, THOMAS K
Address: 3501 FRONTAGE RD
City-St-Zip: TAMPA, FL 33607

Title: D () Delete
Name: CLARENCE, TERRY
Address: 5200 TOWN CENTER CIRCLE #470
City-St-Zip: BOCA RATON, FL 33486

Title: SVP () Delete
Name: FISHER, GREGORY C
Address: 3501 FRONTAGE RD
City-St-Zip: TAMPA, FL 33607

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: VILLERS, NED H
Address: 333 W. WACKER DR. SUITE 1620
City-St-Zip: CHICAGO, IL 60606

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: D (X) Change () Addition
Name: COSLER, STEVEN D
Address: 333 W. WACKER DR. SUITE 1620
City-St-Zip: CHICAGO, IL 60606

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: THOMAS K. CHADWICK

CFO

01/08/2009

Electronic Signature of Signing Officer or Director

Date