## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT# 843420**

FILED Jan 03, 2007 Secretary of State

Entity Name: ACCELERATION NATIONAL SERVICE CORPORATION

	Principal Place of Business:	New Principal Place of Business:
7 WEST 7 1670	TH STREET	14755 NORTH OUTER FORTY DR. SUITE 400
	ATI, OH 45202 US	CHESTERFIELD, MO 63017 US
Current M	/lailing Address:	New Mailing Address:
14755 NO	RTH OUTER FORTY DR.	
SUITE 40( CHESTEF	0 RFIELD, MO 63017 US	
	r: 31-0924285 FEI Number Applied For ( )	FEI Number Not Applicable ( ) Certificate of Status Desired (
Name and	d Address of Current Registered Agent:	Name and Address of New Registered Agent:
1200 S. PI	PORATION SYSTEM INE ISLAND ROAD ION, FL 33324 US	
	e named entity submits this statement for the of Florida.	ne purpose of changing its registered office or registered agent, or b
SIGNATU		Arrant
	Electronic Signature of Registered A	Agent Date
Election Ca	mpaign Financing Trust Fund Contribution ( ).	
OFFICER	S AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIREC
Title: Name: Address: City-St-Zip:	PD ( ) Delete GRIGGS, BRENT E 14755 NORTH OUTER FORTY DR. STE 400 ST. LOUIS, MO 63017	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:
Title: Vame: Address:	VTD () Delete CARIOLANO, GREGG O 14755 NORTH OUTER FORTY DR.,STE 400 ST. LOUIS, MO 63017	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:
City-St-Zip:		<u>.                                      </u>
Fitle: Name: Address:	VD ( ) Delete HACKETT, RICHARD C 14755 NORTH OUTER FORTY DR., STE 400 ST. LOUIS, MO 63017	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:
Fitle: Name: Address: City-St-Zip: Fitle: Name: Address:	HACKETT, RICHARD C 14755 NORTH OUTER FORTY DR., STE 400	Name: Address:
City-St-Zip:  Fitle: Name: Address: City-St-Zip:  Fitle: Name: Address: City-St-Zip:  Fitle: Name: Address: City-St-Zip:  City-St-Zip:  City-St-Zip: City-St-Zip:	HACKETT, RICHARD C 14755 NORTH OUTER FORTY DR., STE 400 ST. LOUIS, MO 63017  AS () Delete DOWNAR, MARK S 14755 N. OUTER FORTY DR. STE 400	Name: Address: City-St-Zip:  Title: () Change () Addition Name: Address:

I hereby certify that the information supplied with this filing does not qualify for the 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 DOWNAR AS 01/03/2007