

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2005 8:00 am
Secretary of State

04-20-2005 90318 002 ***150.00

DOCUMENT # F00000004629 1. Entity Name WARRANTY BUSINESS SERVICES CORPORATION			
Principal Place of Business 655 MARYVILLE CENTRE DRIVE SAINT LOUIS, MO 63141		Mailing Address 655 MARYVILLE CENTRE DRIVE SAINT LOUIS, MO 63141	
2. Principal Place of Business 14755 North Outer Forty Dr. Suite 400 St. Louis, MO 63017-6050		3. Mailing Address 14755 North Outer Forty Dr. Suite 400 St. Louis, MO 63017-6050	
4. FEI Number 43-1142677		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		50039149 	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT CULP, W. STEVEN 655 MARYVILLE CENTRE DRIVE SAINT LOUIS, MO 63141 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Brent E. Briggs 14755 N. Outer Forty Dr., Ste 400 St. Louis, MO 63017-6050 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KOSTER, WILLIAM J 655 MARYVILLE CENTRE DRIVE SAINT LOUIS, MO 63141 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Richard C. Heckett 14755 N. Outer Forty Dr., Ste 400 St. Louis, MO 63017-6050 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BAY, WALTER D 655 MARYVILLE CENTRE DRIVE SAINT LOUIS, MO 63141 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPTD Gregs O. Carolino 14755 N. Outer Forty Dr., Ste 400 St. Louis, MO 63017-6050 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BENKENDORG, R CLARK 655 MARYVILLE CENTRE DRIVE SAINT LOUIS, MO 63141 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Richard T. Bieken 2801 Highway 280 South Birmingham, AL 35223 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARTIN, ROBERT M 655 MARYVILLE CENTRE DRIVE SAINT LOUIS, MO 63141 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASAT Mark S. Dawnar 14755 N. Outer Forty Dr., Ste 400 St. Louis, MO 63017-6050 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete See Attached list for additions	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Quentin McElung 14755 N. Outer Forty Dr., Ste 400 St. Louis, MO 63017-6050 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: Mark Dawnar		4/12/05 636-536-5600 Date Daytime Phone #	