2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2006
Secretary of State

DOCUMENT# F00000004629

Entity Name: WARRANTY BUSINESS SERVICES CORPORATION

Current Principal Place of Business:

14755 NORTH OUTER FORTY DR
STE 400
CHESTERFIELD, MO 630176050 US

New Principal Place of Business:

Current Mailing Address:

14755 NORTH OUTER FORTY DR
STE 400
CHESTERFIELD, MO 630176050 US

New Mailing Address:

FEI Number: 43-1142677 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: PD ( ) Delete
Name: GRIGGS, BRENT E
Address: 14755 N OUTER FORTY DR STE 400
City-St-Zip: CHESTERFIELD, MO 630176050 US

Title: VPSD ( ) Delete
Name: HECKETT, RICHARD C
Address: 14755 N OUTER FORTY DR STE 400
City-St-Zip: ST LOUIS, MO 63017 US

Title: VPTD ( ) Delete
Name: CARIOLANO, GREGG O
Address: 14755 N OUTER FORTY DR STE 400
City-St-Zip: ST LOUIS, MO 63017

Title: VP ( ) Delete
Name: BIELEN, RICHARD J
Address: 2801 HWY 280 S
City-St-Zip: BIRMINGHAM, AL 35223

Title: ASAT ( ) Delete
Name: DOWNAR, MARK S
Address: 14755 N OUTER FORTY DR STE 400
City-St-Zip: ST LOUIS, MO 63017

Title: VP ( ) Delete
Name: MCCLUNG, QUENTIN
Address: 14755 N OUTER FORTY DR STE 400
City-St-Zip: ST LOUIS, MO 63017

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VPSD (X) Change ( ) Addition
Name: HACKETT, RICHARD C
Address: 14755 N OUTER FORTY DR STE 400
City-St-Zip: ST LOUIS, MO 63017 US

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

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 ASAT 04/11/2006

Electronic Signature of Signing Officer or Director — Date