

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000002288

FILED  
Jan 10, 2012  
Secretary of State

**Entity Name:** AMERICAN SAVERS BUSINESS ALLIANCE, INC.

**Current Principal Place of Business:**

16476 WILD HORSE CREEK ROAD  
2ND FLOOR  
CHESTERFIELD, MO 63017

**New Principal Place of Business:**

**Current Mailing Address:**

16476 WILD HORSE CREEK ROAD  
2ND FLOOR  
CHESTERFIELD, MO 63017

**New Mailing Address:**

FEI Number: 43-1606993

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

**OFFICERS AND DIRECTORS:**

Title: SD  
Name: MARTIN, JANE  
Address: 3463 STATE STREET #375  
City-St-Zip: SANTA BARBARA, CA

Title: PD  
Name: GRAVES, JANE  
Address: 468 PLEASANT AVENUE  
City-St-Zip: ASTORIA, OR 97103

Title: TD  
Name: SCHAEFER, KURT  
Address: 106 TUSCANY DRIVE  
City-St-Zip: DESTIN, FL 32541

Title: D  
Name: LAWSON, CHUCK  
Address: P O BOX 5895  
City-St-Zip: DESTIN, FL 32540

I hereby 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JANE GRAVES

PRES

01/10/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date