2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2009
Secretary of State

DOCUMENT# F02000006125

Entity Name: SOUTHWEST ADMINISTRATIVE SERVICES CORPORATION

Current Principal Place of Business:

2400 LOUISIANA BLVD. NE, AFC 4
SUITE 100
ALBUQUERQUE, NM 87110

New Principal Place of Business:

2400 LOUISIANA BLVD. NE, AFC 4
ALBUQUERQUE, NM 87110

Current Mailing Address:

P.O. BOX 30250
ALBUQUERQUE, NM 871900250

New Mailing Address:

2400 LOUISIANA BLVD. NE, AFC 4
ALBUQUERQUE, NM 87110

FEI Number: 91-2020119 **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: P/D ( ) Delete
Name: SMITH, JAMES B
Address: 2400 LOUISIANA BLVD. NE, AFC 4
City-St-Zip: ALBUQUERQUE, NM 87110

Title: VP ( ) Delete
Name: GALAVIZ, GABRIEL
Address: 2400 LOUISIANA BLVD NE BUILDING 4
City-St-Zip: ALBUQUERQUE, NM 87110

Title: SECR ( ) Delete
Name: WINIGER, VIKI L
Address: 2400 LOUISIANA BLVD NE BUILDING 4
City-St-Zip: ALBUQUERUQE, NM 87110

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: SMITH, JAMES B
Address: 2400 LOUISIANA BLVD. NE, AFC 4
City-St-Zip: ALBUQUERQUE, NM 87110

Title: DTVP (X) Change ( ) Addition
Name: GALAVIZ, GABRIEL
Address: 15920 ADDISON ROAD
City-St-Zip: ADDISON, TX 75001

Title: S (X) Change ( ) Addition
Name: WINIGER, VIKI L
Address: 15920 ADDISON ROAD
City-St-Zip: ADDISON, TX 75001

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: VIKI L WINIGER S 04/27/2009

Electronic Signature of Signing Officer or Director — Date