

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000002425

FILED
Mar 20, 2009
Secretary of State

Entity Name: STERLING BANK SERVICES, INC.

Current Principal Place of Business:

2409 DEARBORN AVE
SUITE G
MISSOULA, MT 59801

New Principal Place of Business:

Current Mailing Address:

PO BOX 5108
MISSOULA, MT 59806

New Mailing Address:

FEI Number: 81-0511176

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: P, D () Delete
Name: PARKS, AMITY
Address: 2409 DEARBORN AVE, SUITE G
City-St-Zip: MISSOULA, MT 59801 US

Title: S, D () Delete
Name: ERWIN, ROBERT
Address: 2409 DEARBORN AVE, SUITE G
City-St-Zip: MISSOULA, MT 59801

Title: T, D () Delete
Name: ALLYN, AUDRIE
Address: 2409 DEARBORN AVE, SUITE G
City-St-Zip: MISSOULA, MT 59801

Title: D () Delete
Name: KESSLER, DANIEL
Address: 2409 DEARBORN AVE, SUITE G
City-St-Zip: MISSOULA, MT 59801

Title: D () Delete
Name: DITCH, W.C.
Address: 2409 DEARBORN AVE, SUITE G
City-St-Zip: MISSOULA, MT 59801

Title: D () Delete
Name: ADAMS, RICK
Address: 2409 DEARBORN AVE, SUITE G
City-St-Zip: MISSOULA, MT 59801

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: D (X) Change () Addition
Name: KESSLER, DANIEL
Address: 8201 FAWN BROOK CT
City-St-Zip: LAS VEGAS, NV 89149

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

Title: D (X) Change () Addition
Name: ADAMS, RICK
Address: 623 COUNTRY CLUB DRIVE
City-St-Zip: KINGMAN, AZ 86401

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: AUDRIE ALLYN

T,D

03/20/2009

Electronic Signature of Signing Officer or Director

Date