2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F93000003172

Entity Name: ASURION ROADSIDE ASSISTANCE SERVICES, INC.

FILED Feb 19, 2008 Secretary of State

Current Principal Place of Business:			New Princ	New Principal Place of Business:	
140 CYPRESS STATION DRIVE SUITE 300					
HOUSTON, TX 770901632 US					
Current Mailing Address: New			New Mailii	lew Mailing Address:	
8880 WARD PARKWAY KANSAS CITY, MO 64114 US					
FEI Number: 76-0211807 FEI Number Applied For () FEI Number Not Applicable ()				icable () Certificate of Status Desired ()	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301 US					
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:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	T () DO RISK, GERALD A 648 GRASSMERE NASHVILLE, TN 3	PARK, SUITE 300	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	P () DO LAUE, CHARLES & 8880 WARD PARI KANSAS CITY, MO	A KWAY	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	S () DO GEISLER, ASHLE 160 BOVET RD, S SAN MATEO, CA	Y N :UITE 402	Title: Name: Address: City-St-Zip:	S (X) Change () Addition GIESLER, ASHLEY N 160 BOVET RD, SUITE 402 SAN MATEO, CA 944023114 US	
Title: Name: Address: City-St-Zip:	VP () DO REAGAN, WILLAR 648 GRASSMERE NASHVILLE, TN 3	RD J FPARK, SUITE 300	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	D () DO TAWEEL, KEVIN N 160 BOVET RD, S SAN MATEO, CA	vI SUITE 402	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	CEO () DO COMOLLI, BRET I 648 GRASSMERE NASHVILLE, TN 3	E CEO E PARK, SUITE 300	Title: Name: Address: City-St-Zip:	()Change ()Addition	
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					

SIGNATURE: CHARLES A. LAUE P 02/19/2008

above, or on an attachment with an address, with all other like empowered.