

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 11, 2005 8:00 am
Secretary of State

04-11-2005 90197 046 ***150.00

DOCUMENT # F9600000158

1. Entity Name

PROTECTIVE ADMINISTRATIVE SERVICES, INC.



Principal Place of Business

ONE CHESTERFIELD PLACE
 14755 NORTH OUTER FORTY DRIVE, SUITE
 ST. LOUIS MO 63017
 US

Mailing Address

ONE CHESTERFIELD PLACE
 14755 NORTH OUTER FORTY DRIVE, SUITE
 ST. LOUIS MO 63017
 US

50036805



1st MOORE CR2E034 (10/04)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

43-1724227

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	<input type="checkbox"/> Delete
NAME	GRIGGS, BRENT E	
STREET ADDRESS	14755 N OUTER FORTY DRIVE STE 400	
CITY-ST-ZIP	CHESTERFIELD MO 63017	
TITLE	SVP	<input type="checkbox"/> Delete
NAME	MCCLUNG, QUENTIH	
STREET ADDRESS	14755 N OUTER FORTH STE 400	
CITY-ST-ZIP	CHESTERFIELD MO 63017	
TITLE	VPSD	<input type="checkbox"/> Delete
NAME	HACKEST, RICHARD C	
STREET ADDRESS	14755 N OUTER FORTH STE 400	
CITY-ST-ZIP	CHESTERFIELD MO 63017	
TITLE	SVP	<input type="checkbox"/> Delete
NAME	MILLER, ALAN	
STREET ADDRESS	14755 N OUTER FORTH STE 400	
CITY-ST-ZIP	CHESTERFIELD MO 63017	
TITLE	VPT	<input type="checkbox"/> Delete
NAME	CARIOLANO, GREGG O	
STREET ADDRESS	520 MARYVILLE CENTRE DR	
CITY-ST-ZIP	ST LOUIS MI 63141	
TITLE	AS	<input type="checkbox"/> Delete
NAME	DOWNAR, MARK S	
STREET ADDRESS	520 MARYVILLE CENTRE DR.	
CITY-ST-ZIP	SAINT LOUIS MO 63141	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Mark Downar 4/4/05 636-536-5600
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #