

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96000000158

FILED
Apr 10, 2008
Secretary of State

Entity Name: PROTECTIVE ADMINISTRATIVE SERVICES, INC.

Current Principal Place of Business:

ONE CHESTERFIELD PLACE
14755 NORTH OUTER FORTY DRIVE, SUITE 400
ST. LOUIS, MO 63017 US

New Principal Place of Business:

Current Mailing Address:

ONE CHESTERFIELD PLACE
14755 NORTH OUTER FORTY DRIVE, SUITE 400
ST. LOUIS, MO 63017 US

New Mailing Address:

FEI Number: 43-1724227 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: DP () Delete
Name: GRIGGS, BRENT E
Address: 14755 N OUTER FORTY DRIVE STE 400
City-St-Zip: CHESTERFIELD, MO 63017

Title: SVP () Delete
Name: MCCLUNG, QUENTIN
Address: 14755 N OUTER FORTY STE 400
City-St-Zip: CHESTERFIELD, MO 63017

Title: VPSD () Delete
Name: HACKETT, RICHARD C
Address: 14755 N OUTER FORTY STE 400
City-St-Zip: CHESTERFIELD, MO 63017

Title: SVP () Delete
Name: KARCHUNAS, SCOTT
Address: 14755 N OUTER FORTY STE 400
City-St-Zip: CHESTERFIELD, MO 63017

Title: VPT () Delete
Name: CARIOLANO, GREGG O
Address: 14755 N OUTER FORTY DR, STE 400
City-St-Zip: ST LOUIS, MO 630176050

Title: ASAT () Delete
Name: DOWNAR, MARK S
Address: 14755 N. OUTER FORTY DR., STE 400
City-St-Zip: SAINT LOUIS, MO 630176050

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

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

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

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: MARK S. DOWNAR

ASAT

04/10/2008

Electronic Signature of Signing Officer or Director

_____ Date