2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# F97000006031

Entity Name: STUDENT ASSURANCE SERVICES, INC.

FILED Feb 19, 2002 8:00 AM Secretary of State

Current Principal Place of Business:			New Principal	New Principal Place of Business:		
333 N. MA STILLWAT	IN ST. FER, MN 5508	20196				
Current Mailing Address:			New Mailing A	New Mailing Address:		
333 N. MA STILLWAT	IN ST. FER, MN 5508	20196				
FEI Number:	: 41-1311103	FEI Number Applied For()	FEI Number Not Applicable	e () Certificate of Status Desired ()		
Name and	Address of C	urrent Registered Agent:	Name and Add	Name and Address of New Registered Agent:		
1200 SOU	PORATION SYS TH PINE ISLAI ION, FL 33324	ND ROAD				
	named entity se of Florida.	submits this statement for the p	ourpose of changing its re	gistered office or registered agent, or both,		
SIGNATUR	RE:					
	Electron	ic Signature of Registered Age	ent	Date		
•	_	satisfy its Intangible Tax filing req	uirement and elects to do so	(X).		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	CP () DESCH, MARK 9985 ARCOLA STILLWATER,	CT.	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	CS () DESCH, GLOR 9985 ARCOLA STILLWATER,	СТ.	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	DT () DESCH, DAVID 689 HIDDEN VA STILLWATER,	ALLEY CT.	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address:	V () LOCK, JAMES 643 N. 750 RD.	Delete J		(X) Change()Addition LER, THOMAS E 6 VICTORIA LN		

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

City-St-Zip:

SIGNATURE: MARK L. DESCH CP 02/19/2002

LAWRENCE, KS 66047

City-St-Zip:

ST. LOUIS PARK, MN 55426