2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2004 08:00 AM
Secretary of State

DOCUMENT # F97000006031

1. Entity Name
STUDENT ASSURANCE SERVICES, INC.

Principal Place of Business	Mailing Address
333 N. MAIN ST. STILLWATER, MN 55082-0196	333 N. MAIN ST. STILLWATER, MN 55082-0196

01192004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
41-1311103
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

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

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	CP
NAME	DESCH, MARK L
STREET ADDRESS	9985 ARCOLA CT.
CITY-ST-ZIP	STILLWATER, MN 55082
TITLE	CS
NAME	DESCH, GLORIA M
STREET ADDRESS	9985 ARCOLA CT.
CITY-ST-ZIP	STILLWATER, MN 55082
TITLE	DT
NAME	DESCH, DAVID M
STREET ADDRESS	689 HIDDEN VALLEY CT.
CITY-ST-ZIP	STILLWATER, MN 55082
TITLE	V
NAME	DESCH, RYAN E
STREET ADDRESS	9985 ARCOLA CT
CITY-ST-ZIP	STILLWATER, MN 55082
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/22/04-80023-005 150.00

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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 T Desch 1-19-2004 651-439-7098
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #