

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000006031

FILED
Jan 16, 2008
Secretary of State

Entity Name: STUDENT ASSURANCE SERVICES, INC.

Current Principal Place of Business:

333 N. MAIN ST.
STILLWATER, MN 550820196

New Principal Place of Business:

Current Mailing Address:

333 N. MAIN ST.
STILLWATER, MN 550820196

New Mailing Address:

FEI Number: 41-1311103

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: CP () Delete
Name: DESCH, MARK L
Address: 9985 ARCOLA CT.
City-St-Zip: STILLWATER, MN 55082

Title: CS () Delete
Name: DESCH, GLORIA M
Address: 9985 ARCOLA CT.
City-St-Zip: STILLWATER, MN 55082

Title: DT () Delete
Name: DESCH, DAVID M
Address: 689 HIDDEN VALLEY CT.
City-St-Zip: STILLWATER, MN 55082

Title: V () Delete
Name: DESCH, RYAN E
Address: 9985 ARCOLA CT
City-St-Zip: STILLWATER, MN 55082

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:

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 L DESCH

CP

01/16/2008

Electronic Signature of Signing Officer or Director

Date