2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2012
Secretary of State

DOCUMENT# F97000006031

Entity Name: STUDENT ASSURANCE SERVICES, INC.

Current Principal Place of Business:

333 N. MAIN ST.
STILLWATER, MN 550820196 US

New Principal Place of Business:

333 N. MAIN ST. STE. 300
STILLWATER, MN 55082 US

Current Mailing Address:

PO BOX 196
STILLWATER, MN 550820196 US

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

OFFICERS AND DIRECTORS:

Title: CP
Name: DESCH, MARK L
Address: 9985 ARCOLA CT.
City-St-Zip: STILLWATER, MN 55082 US

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

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

Title: V
Name: DESCH, RYAN E
Address: 350 NORTH MAIN STREET, APT 400
City-St-Zip: STILLWATER, MN 55082 US

I hereby 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 all other like empowered.

SIGNATURE: MARK DESCH CP 04/05/2012

Electronic Signature of Signing Officer or Director Date