

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000105484

FILED  
Apr 18, 2008  
Secretary of State

Entity Name: DORAL ADMINISTRATIVE SERVICES OF FLORIDA, INC.

**Current Principal Place of Business:**

12121 N. CORPORATE PKWY  
MEQUON, WI 53092

**New Principal Place of Business:**

**Current Mailing Address:**

12121 N. CORPORATE PKWY  
MEQUON, WI 53092

**New Mailing Address:**

FEI Number: 20-1373905      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYES STREET  
TALLAHASSEE, FL 32301      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: D      (X) Delete  
Name: HUNTER, ROBERT E  
Address: 465 MEDFORD STREET  
City-St-Zip: BOSTON, MA 02129 US

Title: D      ( ) Delete  
Name: DONOHUE, FAY  
Address: 465 MEDFORD STREET  
City-St-Zip: BOSTON, MA 02129 US

Title: O      ( ) Delete  
Name: GUENGERICH, GARY  
Address: 465 MEDFORD STREET  
City-St-Zip: BOSTON, MA 02129 US

Title: O      ( ) Delete  
Name: POLLOCK, STEVEN  
Address: 12121 NORTH CORPORATE PARKWAY  
City-St-Zip: MEQUON, WI 53092 US

Title: O      ( ) Delete  
Name: MA, PATRICIA  
Address: 465 MEDFORD ST  
City-St-Zip: BOSTON, MA 02129 US

Title: O      ( ) Delete  
Name: SHEEHAN, JOHN  
Address: 465 MEDFORD ST  
City-St-Zip: BOSTON, MA 02129 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

Title: D&O      (X) Change ( ) Addition  
Name: GUENGERICH, GARY  
Address: 465 MEDFORD STREET  
City-St-Zip: BOSTON, MA 02129 US

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: PATRICIA C. MA

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

SEC

04/18/2008

\_\_\_\_\_ Date