

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P14834

FILED
Jan 21, 2008
Secretary of State

Entity Name: NATIONAL PREARRANGED SERVICES, INC.

Current Principal Place of Business:

10 S BRENTWOOD BLVD.
5TH FLOOR
ST. LOUIS, MO 63105

New Principal Place of Business:

Current Mailing Address:

10 S BRENTWOOD BLVD.
5TH FLOOR
ST. LOUIS, MO 63105

New Mailing Address:

FEI Number: 43-1179047 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEXISNEXIS DOCUMENT SOLUTIONS INC.
1201 HAYS 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: PD () Delete
Name: SUTTON, RANDALL K
Address: 10 SOUTH BRENTWOOD BLVD., 5TH FLOOR
City-St-Zip: ST. LOUIS, MO 63105

Title: SD () Delete
Name: CRAWFORD, JAMES M
Address: 10 SOUTH BRENTWOOD BLVD., 5TH FLOOR
City-St-Zip: ST. LOUIS, MO 63105

Title: DIR () Delete
Name: SUTTON, RANDALL K
Address: 10 S. BRENTWOOD BLVD., 5TH FLOOR
City-St-Zip: ST. LOUIS, MO 63105

Title: DIR () Delete
Name: CRAWFORD, JAMES M
Address: 10 S. BRENTWOOD BLVD., 5TH FLOOR
City-St-Zip: ST. LOUIS, MO 63105

Title: DIR () Delete
Name: WITTNER, HOWARD A
Address: 7733 FORSYTH, STE. 2000
City-St-Zip: ST. LOUIS, MO 63105

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: PROVINCE, NEKOL
Address: 10 SOUTH BRENTWOOD BLVD., 5TH FLOOR
City-St-Zip: ST. LOUIS, MO 63105

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

Title: DIR (X) Change () Addition
Name: PROVINCE, NEKOL
Address: 10 S. BRENTWOOD BLVD., 5TH FLOOR
City-St-Zip: ST. LOUIS, MO 63105

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: NEKOL PROVINCE

DIR

01/21/2008

Electronic Signature of Signing Officer or Director

_____ Date