2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2009
Secretary of State

DOCUMENT# P16505

Entity Name: PRE-PAID LEGAL SERVICES, INC.

Current Principal Place of Business:

ONE PRE-PAID WAY
PO BOX 145
ADA, OK 748210145

New Principal Place of Business:

ONE PRE-PAID WAY
ADA, OK 748210145

Current Mailing Address:

ONE PRE-PAID WAY
PO BOX 145
ADA, OK 748210145

New Mailing Address:

ONE PRE-PAID WAY
ADA, OK 748210145

FEI Number: 73-1016728 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S. 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: PCEO ( ) Delete
Name: STONECIPHER, HARLAND C
Address: RT. 1 BAOX 39
City-St-Zip: CENTRAHOMA, OK 74534

Title: S ( ) Delete
Name: PINSON, KATHLEEN S
Address: 14591 COUNTY ROAD 3588
City-St-Zip: ADA, OK 74820

Title: VPC ( ) Delete
Name: PINSON, KATHLEEN SUSAN
Address: 14591 COUNTY ROAD
City-St-Zip: ADA, OK 74820

Title: COO ( ) Delete
Name: HARP, RANDY
Address: 13185 COUNTY ROAD 3510
City-St-Zip: ADA, OK 74820

Title: T ( ) Delete
Name: HARP, RANDY
Address: 13185 COUNTY ROAD 3510
City-St-Zip: ADA, OK 74820

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:

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: KATHLEEN S. PINSON S 04/21/2009

Electronic Signature of Signing Officer or Director — Date