
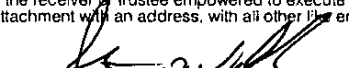


01-20-2005 90034 009 ***150.00

DOCUMENT # P30176 1. Entity Name FINANCIAL PROTECTION MARKETING, INC.				 Secretary of State 01-20-2005 90034 009 ***150.00	
Principal Place of Business 2700 WYCLIFF RD STE 101 RALEIGH, NC 27607 US				Mailing Address 2801 HWY 280 S (1-3 LE) BIRMINGHAM, AL 35223 US	
2. Principal Place of Business 2801 HWY 280- South 3-4LE		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Birmingham, Alabama		City & State			
Zip 35223	Country Jefferson	Zip	Country		
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD. PLANTATION, FL 33324				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD GRIGGS, BRENT EDWIN 520 MARYVILLE CENTRE DR, STE 500 SAINT-LOUIS, MO 63141 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Vice President Steven G. Walker 2801 HWY 280 S. Birmingham, AL 35223 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP DEFOOR, JERRY W. 2801 HWY 280 S BIRMINGHAM, AL 35223 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPOD MCCAW, JOSEPH ROY 2700 WYCLIFF RD, STE 101 RALEIGH, NC 27607 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP HASTINGS, LISA 2700 WYCLIFF ROAD, SUITE 101 RALEIGH, NC 27607 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD CARIOLANO, GREGG O 14755 OUTER FORTY DR., STE. 400 CHESTERFIELD, MO 63017 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD HACKETT, RICHARD 14755 OUTER FORTY DR, STE. 400 CHESTERFIELD, MO 63017 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other I am empowered.					
SIGNATURE:  Steven G. Walker VP 01/11/2005 205-268-1000 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					