## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P98000006933

Entity Name: ARROWOOD WARRANTY SERVICES, INC.

FILED Mar 03, 2008 Secretary of State

Current Principal Place of Business:			New Principal Pla	New Principal Place of Business:	
	OCORPORAT TE, NC 28273				
Current Mailing Address:			New Mailing Add	New Mailing Address:	
PO BOX 10 CHARLOT	000 TE, NC 28201				
FEI Number:	56-2065875	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and	Address of C	urrent Registered Agent:	Name and Addres	ss of New Registered Agent:	
1201 HAYS	TION SERVIC STREET SEE, FL 3230				
The above in the State		submits this statement for the pur	pose of changing its regist	ered office or registered agent, or both,	
SIGNATUR					
		ic Signature of Registered Agent	İ	Date	
Election Cam	paign Financing	Trust Fund Contribution ( ).			
OFFICERS	AND DIREC	TORS:	ADDITIONS/CHAI	NGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	SPITZER, JUDY	RPORATE DRIVE	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	BEATTY, SEAN	RPORATE DRIVE	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	CAHILL, DENNI	RPORATE DRIVE	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	FULLER, GWY	RPORATE DRIVE	Title: Name: Address: City-St-Zip:	( ) Change( ) Addition	
Title: Name: Address: City-St-Zip:	TIGHE, JOHN	Delete RPORATE DRIVE C 28273	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	PETTIGREW, Ĺ	RPORATE DRIVE	Title: Name: Address: City-St-Zip:	()Change ()Addition	

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: JUDY S SPITZER ASEC 03/03/2008