

2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000006031

Entity Name: STUDENT ASSURANCE SERVICES, INC.

Current Principal Place of Business:

333 N. MAIN ST. STE. 300
STILLWATER, MN 55082

Current Mailing Address:

PO BOX 196
STILLWATER, MN 55082-0196 US

FEI Number: 41-1311103

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

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

Officer/Director Detail :

Title CP
Name DESCH, MARK L
Address 9985 ARCOLA CT.
City-State-Zip: STILLWATER MN 55082

Title DT
Name SECKINGER, JONATHAN P
Address 14300 FLORA WAY
City-State-Zip: APPLE VALLEY MN 55082

Title CS
Name DESCH, GLORIA M
Address 9985 ARCOLA CT.
City-State-Zip: STILLWATER MN 55082

Title V
Name DESCH, RYAN E
Address 350 NORTH MAIN STREET, APT 400
City-State-Zip: STILLWATER MN 55082

I hereby 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 all other like empowered.

SIGNATURE: MARK DESCH

PRESIDENT

04/19/2024

Electronic Signature of Signing Officer/Director Detail

Date