

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P11000071274

FILED  
Jul 25, 2012  
Secretary of State

**Entity Name:** DEALER ADMIN. SERVICES, INC.

**Current Principal Place of Business:**

100 PRAIRIE CENTER DR  
STE 200  
EDEN PRAIRIE, MN 55344

**New Principal Place of Business:**

**Current Mailing Address:**

100 PRAIRIE CENTER DR  
STE 200  
EDEN PRAIRIE, MN 55344

**New Mailing Address:**

**FEI Number:** 45-3845038

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

NRAI SERVICES, INC.  
515 EAST PARK AVENUE  
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

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: KELLY, WILLIAM  
Address: 5512 OAKLAWN AVE  
City-St-Zip: EDINA, MN 55424

Title: SD  
Name: KANSANBACK, JOEL  
Address: 13793 CANDICE LANE  
City-St-Zip: EDINA PRAIRIE, MN 55346

Title: D  
Name: THOMAS, JAMES  
Address: 9901 EXPRESS DR STE B  
City-St-Zip: HIGHLAND, IN 46322

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: WILLIAM KELLY

PD

07/25/2012

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date