

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000071274

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

**FILED**  
**Feb 18, 2013**  
**Secretary of State**  
**CC1096430809**

**Current Principal Place of Business:**

100 PRAIRIE CENTER DR  
STE 200  
EDEN PRAIRIE, MN 55344

**Current Mailing Address:**

100 PRAIRIE CENTER DR  
STE 200  
EDEN PRAIRIE, MN 55344

**FEI Number: 45-3845038**

**Certificate of Status Desired: No**

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

NRAI SERVICES, INC.  
515 EAST PARK AVENUE  
TALLAHASSEE, FL 32301 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 PD  
Name KELLY, WILLIAM  
Address 5512 OAKLAWN AVE  
City-State-Zip: EDINA MN 55424

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

Title D  
Name THOMAS, JAMES  
Address 9901 EXPRESS DR STE B  
City-State-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 H KELLY**

**PRESIDENT**

**02/18/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date