

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000005318

Entity Name: AARP SERVICES, INC.

FILED
Apr 14, 2009
Secretary of State

Current Principal Place of Business:

650 F STREET NW
WASHINGTON, DC 20004

New Principal Place of Business:

Current Mailing Address:

650 F STREET NW
WASHINGTON, DC 20004

New Mailing Address:

FEI Number: 52-2141065

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: C () Delete
Name: JENKINS, JO ANN
Address: 650 F STREET NW
City-St-Zip: WASHINGTON, DC 20004

Title: VC () Delete
Name: KNELL, GARY
Address: 650 F STREET NW
City-St-Zip: WASHINGTON, DC 20004

Title: D () Delete
Name: THAMES, BYRON
Address: 650 F STREET NW
City-St-Zip: WASHINGTON, DC 20004

Title: D () Delete
Name: REILLY, EDWARD
Address: 650 F STREET NW
City-St-Zip: WASHINGTON, DC 20004

Title: P () Delete
Name: WIDER, JOHN
Address: 650 F STREET NW
City-St-Zip: WASHINGTON, DC 20004

Title: S () Delete
Name: MIKA, SARAH
Address: 650 F STREET NW
City-St-Zip: WASHINGTON, DC 20004

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: SARAH MIKA

S

04/14/2009

Electronic Signature of Signing Officer or Director

Date