

2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 374974

Entity Name: UNITED STATES WARRANTY CORP.**Current Principal Place of Business:**14755 NORTH OUTER FORTY DRIVE
SUITE 400
CHESTERFIELD, MO 63017**Current Mailing Address:**14755 NORTH OUTER FORTY DRIVE
SUITE 400
CHESTERFIELD, MO 63017 US**FEI Number:** 59-1651866**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM
C/O 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	PD
Name	MACEK, MARK A
Address	14755 NORTH OUTER FORTY DRIVE SUITE 400
City-State-Zip:	CHESTERFIELD MO 63017

Title	TREASURER, DIRECTOR
Name	CARIOLANO, GREGG
Address	14755 NORTH OUTER FORTY DRIVE
City-State-Zip:	CHESTERFIELD MO 63017

Title	DIRECTOR, ASST. SECRETARY, ASST. TREASURER
Name	WESSELL-HANKES, AMY
Address	14755 N OUTER FORTY DR, SUITE 400
City-State-Zip:	CHESTERFIELD MO 63017

Title	CEO, CHAIRMAN OF THE BOARD, DIRECTOR
Name	KARCHUNAS, M SCOTT
Address	14755 NORTH OUTER FORTY DRIVE
City-State-Zip:	CHESTERFIELD MO 63017

Title	SECRETARY, DIRECTOR
Name	FOSTER, LAURA
Address	14755 NORTH OUTER FORTY DR SUITE 400
City-State-Zip:	CHESTERFIELD MO 63017

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: GREGG CARIOLANO**TREASURER****04/21/2022**_____
Electronic Signature of Signing Officer/Director Detail_____
Date