

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P92000008354

**Entity Name:** SETTLEMENT SERVICES, INC.

**Current Principal Place of Business:**

2032 THOMASVILLE ROAD  
SUITE D  
TALLAHASSEE, FL 32308

**Current Mailing Address:**

POST OFFICE DRAWER 1657  
TALLAHASSEE, FL 32302 US

**FEI Number: 59-3151536**

**Certificate of Status Desired:** No

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 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 WARREN, THOMAS A  
Address 2032 THOMASVILLE ROAD  
SUITE D  
City-State-Zip: TALLAHASSEE FL 32308

Title T  
Name CAPORASO, JOSEPH R  
Address 1001 SUMMIT BLVD.  
City-State-Zip: ATLANTA GA 30319

Title AS  
Name POWERS, ERIC  
Address 1001 SUMMIT BLVD  
City-State-Zip: ATLANTA GA 30319

Title D  
Name SWAIN, BRUCE  
Address 1001 SUMMIT BLVD  
City-State-Zip: ATLANTA GA 30319

Title SD  
Name NADER, SCOTT  
Address 1985 MARCUS AVENUE  
City-State-Zip: LAKE SUCCESS FL 11042

*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: THOMAS A. WARREN**

**PRESIDENT/DIRECTOR**

**02/09/2017**

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

\_\_\_\_\_  
Date