

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P99000084686

**Entity Name:** OS ASSET, INC.

**Current Principal Place of Business:**

2202 N. WESTSHORE BLVD., 5TH FLOOR  
LEGAL DEPT  
TAMPA, FL 33607

**Current Mailing Address:**

2202 N. WESTSHORE BLVD., 5TH FLOOR  
LEGAL DEPT  
TAMPA, FL 33607

**FEI Number:** 59-3602393

**Certificate of Status Desired:** No

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

KADOW, JOSEPH J  
2202 N. WESTSHORE BLVD., 5TH FLOOR  
LEGAL DEPT  
TAMPA, FL 33607 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 CFO, DIRECTOR  
Name DENO, DAVID J  
Address 2202 N. WESTSHORE BLVD., 5TH FLOOR  
City-State-Zip: TAMPA FL 33607

Title VP, DIRECTOR  
Name LEFFERTS, KELLY M  
Address 2202 N WESTSHORE BLVD 5TH FL  
City-State-Zip: TAMPA FL 33607

Title VP, DIRECTOR  
Name KADOW, JOSEPH J  
Address 2202 N WESTSHORE BLVD., 5TH FL  
City-State-Zip: TAMPA FL 33607

*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:** JOSEPH J. KADOW

**AUTHORIZED REPRESENTATIVE**

**04/28/2015**

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

\_\_\_\_\_  
Date