

**2024 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M22000018127

**Entity Name:** PROF COMP SOLUTIONS, LLC**Current Principal Place of Business:**3710 TIMBERLINE DR  
DENISON, IA 51442**Current Mailing Address:**P.O. BOX 70  
DENISON, IA 51442**FEI Number:** 83-2207264**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**COGENCY GLOBAL INC.  
115 N CALHOUN ST STE 4  
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

**Authorized Person(s) Detail :**

Title MEMBER  
Name BOWERS, JOHN  
Address P. O. BOX 49  
City-State-Zip: SELMER TN 38375-0049

Title PRESIDENT OF BOD  
Name FAY, GREG  
Address P. O. BOX 296  
City-State-Zip: CLINTON TN 37717-0296

Title MEMBER  
Name GLIDEWELL, ALLAN  
Address P.O. BOX 9  
City-State-Zip: YOUNG HARRIS GA 30582-0009

Title VP  
Name HENDRIX, SCOTT  
Address P. O. DRAWER 1789  
City-State-Zip: TUPELO MS 38802-1789

Title MEMBER  
Name CROSS, DAVE  
Address P. O. BOX 4669  
City-State-Zip: ONEIDA TN 37841-4669

Title MEMBER  
Name GILLESPIE, DARRELL  
Address P. O. BOX 627  
City-State-Zip: DICKSON TN 37056-0627

Title MEMBER  
Name HENDERSON, TIM  
Address P. O. BOX 2730  
City-State-Zip: CLEVELAND TN 37320-2730

Title MEMBER  
Name KIRK, TONY  
Address P.O. BOX 188  
City-State-Zip: BOLIVAR TN 38008-0188

**Continues on page 2**

*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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** DANYEL JEPSENSR. VICE PRESIDENT-  
FINANCE

04/25/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date

**Authorized Person(s) Detail Continued :**

Title MEMBER  
Name NEWMAN, BEN  
Address P. O. BOX 272  
City-State-Zip: MCMINNVILLE TN 37111-0272

Title MEMBER  
Name SMART, DAVID  
Address P. O. BOX 589  
City-State-Zip: MAYFIELD KY 42066-0589

Title MEMBER  
Name WEBB, WILSON  
Address P. O. BOX 849  
City-State-Zip: LOUISVILLE MS 39339-0849

Title SR. VICE PRESIDENT-FINANCE  
Name JEPSEN, DANYEL  
Address 3710 TIMBERLINE DR  
City-State-Zip: DENISON IA 51442

Title GENERAL MANAGER / CEO / SECRETARY-  
TREASURER / CFO  
Name BLASSINGAME, SCOTT  
Address P. O. BOX 3480  
City-State-Zip: TUPELO MS 38803-3480

Title MEMBER  
Name SITTASON, BOB  
Address P.O. BOX 488  
City-State-Zip: HARTSELLE AL 35640-0488

Title MEMBER  
Name VOWELL, DALE  
Address P. O. BOX 418  
City-State-Zip: RUSSELLVILLE KY 42276-0418

Title GENERAL COUNSEL  
Name FORD, DOUGLAS  
Address P. O. BOX 1366  
City-State-Zip: COLUMBUS MS 39703-1366

Title GENERAL MANAGER OF PCS  
DIVISION  
Name MILLER, ANGELA  
Address 3710 TIMBERLINE DR  
City-State-Zip: DENISON IA 51442

Title ASSISTANT GENERAL MANAGER /  
CTO CENTRAL SERVICE AS  
Name DYER, STEVEN  
Address P. O. BOX 3480  
City-State-Zip: TUPELO MS 38803-3480