## 2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000004146

Entity Name: ASURION WARRANTY SERVICES, INC.

**Current Principal Place of Business:** 

300 SOUTH WACKER DRIVE, STE 1350

CHICAGO, IL 60606

**Current Mailing Address:** 

8880 WARD PARKWAY 5TH FLOOR

KANSAS CITY, MO 64114

FEI Number: 04-3707394 Certificate of Status Desired: No.

Name and Address of Current Registered Agent:

NRAI SERVICES, INC. 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:

Name

Name

City-State-Zip:

Date Electronic Signature of Registered Agent

Officer/Director Detail:

CFO, DIRECTOR, SR. VICE Title DIRECTOR, CHAIRMAN Title

**PRESIDENT** TAWEEL, KEVIN M

Name GUNNING, MARK S Address 160 BOVET ROAD, SUITE 402

648 GRASSMERE PARK, SUITE 100 Address

SAN MATEO CA 94410-3114 City-State-Zip: City-State-Zip: NASHVILLE TN 37211-3658

**PRESIDENT** Title

Title SECRETARY, SR. VICE PRESIDENT, Name LAUE, CHARLES A GENERAL COUNSEL

Name

PURYEAR IV, GUSTAVUS A 8880 WARD PARKWAY Address 5TH FLOOR

Address 648 GRASSMERE PARK, SUITE 100 City-State-Zip: KANSAS CITY MO 64114

City-State-Zip: NASHVILLE TN 37211

Title CEO, DIRECTOR VICE PRESIDENT OF FINANCE, Title

ELLIS, STEVE **TREASURER** 

Name REAGAN, WILLARD J Address 160 BOVET ROAD, SUITE 402

Address 648 GRASSMERE PARK, SUITE 100 City-State-Zip: SAN MATEO CA 94402

City-State-Zip: NASHVILLE TN 37211 Title ASST. TREASURER

Title ASST. SECRETARY MARTIN, JASON Name TOPOREK, LISA Name Address 8880 WARD PARKWAY

5TH FLOOR Address 648 GRASSMERE PARK

KANSAS CITY MO 64114 **STE 100** 

> NASHVILLE TN 37211 City-State-Zip:

> > 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 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.

03/31/2014 SIGNATURE: CHARLES A. LAUE **PRESIDENT** 

Electronic Signature of Signing Officer/Director Detail

Date

**FILED** Mar 31, 2014

**Secretary of State** 

CC2396993608

## Officer/Director Detail Continued:

Title ASST. SECRETARY

Name MACHALINSKI, RICHARD

Address 300 SOUTH WACKER DRIVE

STE 1350

City-State-Zip: CHICAGO IL 60606

Title ASST. TREASURER
Name SLOAN, JASON

Address 648 GRASSMERE PARK

STE 100

City-State-Zip: NASHVILLE TN 37211

Title ASST. TREASURER
Name MARTIN, JASON

Address 8880 WARD PARKWAY

5TH FLOOR

City-State-Zip: KANSAS CITY MO 64114

Title ASST. TREASURER, VP
Name ALEXANDER, ELIZABETH
Address 648 GRASSMERE PARK

STE 100

City-State-Zip: NASHVILLE TN 37211

Title ASST. TREASURER
Name KASPRZAK, RYAN

Address 300 SOUTH WACKER DRIVE, STE

1350

City-State-Zip: CHICAGO IL 60606