

**2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F03000004842

**Entity Name:** PROGRESSIVE AUTOMOTIVE SYSTEMS, INC.

**Current Principal Place of Business:**

4300 TBC WAY  
PALM BEACH GARDENS, FL 33410

**Current Mailing Address:**

4300 TBC WAY  
PALM BEACH GARDENS, FL 33410 US

**FEI Number: 36-4413486**

**Certificate of Status Desired: No**

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
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

**Officer/Director Detail :**

Title           DIRECTOR, CEO  
Name           OLSEN, ERIK R.  
Address        4300 TBC WAY  
City-State-Zip: PALM BEACH GARDENS FL 33410

Title           DIRECTOR, CFO, EXECUTIVE VP  
Name           MILLER, TIMOTHY J.  
Address        4300 TBC WAY  
City-State-Zip: PALM BEACH GARDENS FL 33410

Title           TREASURER, CONTROLLER, SENIOR  
                  VP  
Name           BENKO, KYLE  
Address        4300 TBC WAY  
City-State-Zip: PALM BEACH GARDENS FL 33410

Title           PRESIDENT, DIRECTOR  
Name           WILSON, BRANT  
Address        4280 PROFESSIONAL CENTER DRIVE  
City-State-Zip: PALM BEACH GARDENS FL 33410

Title           SECRETARY  
Name           MACIAK, BRIAN  
Address        4300 TBC WAY  
City-State-Zip: PALM BEACH GARDENS FL 33410

*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: BRIAN MACIAK**

**01/21/2019**

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

\_\_\_\_\_  
Date