## 2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000006192

Entity Name: ASURION FLORIDA WARRANTY SERVICES, INC.

**FILED** Feb 04, 2016 **Secretary of State** CC5118042304

# **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 US

FEI Number: 20-0473975 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:

City-State-Zip:

Address

Name

City-State-Zip:

Electronic Signature of Registered Agent Date

Name

Title

Officer/Director Detail:

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

**PRESIDENT** 

TAWEEL. KEVIN M Name Name GUNNING, MARK S

Address 160 BOVET ROAD, SUITE 402 Address 648 GRASSMERE PARK

STE. 100

TOPOREK, LISA E

GENERAL COUNSEL

SECRETARY, SR. VICE PRESIDENT,

City-State-Zip: NASHVILLE TN 37211 Title **PRESIDENT** 

LAUE, CHARLES A Title ASST. SECRETARY, VP Name

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

City-State-Zip: NASHVILLE TN 37211 Title VICE PRESIDENT OF FINANCE,

TREASURER

8880 WARD PARKWAY

SAN MATEO CA 94402

REAGAN, WILLARD J

Name PURYEAR, GUSTAVUS A IV Address 648 GRASSMERE PARK, SUITE 100

648 GRASSMERE PARK Address

City-State-Zip: NASHVILLE TN 37211

STE 100

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

Name MACHALINSKI, RICHARD Title ASST. TREASURER, VP

300 SOUTH WACKER DRIVE Address ALEXANDER, ELIZABETH Name STE 1350

Address 648 GRASSMERE PARK CHICAGO IL 60606

STF 100

NASHVILLE TN 37211 City-State-Zip:

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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.

02/04/2016 SIGNATURE: CHARLES A. LAUE **PRESIDENT** 

# Officer/Director Detail Continued:

Title ASST. TREASURER
Name SLOAN, JASON

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

Title ASST. TREASURER
Name MARTIN, JASON

Address 8880 WARD PARKWAY

5TH FLOOR

City-State-Zip: KANSAS CITY MO 64114