2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000006192

Entity Name: ASURION FLORIDA WARRANTY SERVICES, INC.

FILED Jan 15, 2015 **Secretary of State** CC3024921625

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:

City-State-Zip:

Address

Electronic Signature of Registered Agent

Name

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 SAN MATEO CA 94402

STE. 100

TOPOREK, LISA E

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,

8880 WARD PARKWAY

TREASURER

SECRETARY, SR. VICE PRESIDENT, Title Name REAGAN, WILLARD J GENERAL COUNSEL

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.

01/15/2015 SIGNATURE: CHARLES A. LAUE **PRESIDENT**

Date

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