2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000001730

Entity Name: ARBOR PEO, INC.

Current Principal Place of Business:

9901 LINN STATION RD. LOUISVILLE, KY 40223

Current Mailing Address:

9901 LINN STATION RD. LOUISVILLE. KY 40223 US

FEI Number: 26-2423152 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM 1200 S. PINE ISLAND RD. 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:

Electronic Signature of Registered Agent

Date

FILED Jan 03, 2017

Secretary of State

CC9084460607

Officer/Director Detail:

Title PRESIDENT & DIRECTOR Title **SECRETARY**

HOUGH, MICHAEL B Name Name REED, STEVEN S

Address 9901 LINN STATION RD. LOUISVILLE Address 9901 LINN STATION RD. LOUISVILLE KY 40223

KY 40223

City-State-Zip: LOUISVILLE KY 40223 City-State-Zip: LOUISVILLE KY 40223

Title TREASURER & DIRECTOR Title ASSISTANT TREASURER

Name VARNEY, JOLENE L Name FISHER, KEVIN G.

9901 LINN STATION ROAD 9901 LINN STATION ROAD Address Address

LOUISVILLE KY 40223 City-State-Zip: LOUISVILLE KY 40223

LOUISVILLE KY 40223 City-State-Zip:

Title **DIRECTOR** Title VΡ

Name WILIAMS, BRADLEY Name DOUGLASS, EDWARD M

Address 9901 LINN STATION ROAD 9901 LINN STATION RD. Address

City-State-Zip: LOUISVILLE KY 40223 City-State-Zip: LOUISVILLE KY 40223

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.

01/03/2017 SIGNATURE: STEVEN S. REED SECRETARY

Electronic Signature of Signing Officer/Director Detail

Date