

**2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F08000001730

Entity Name: ARBOR PEO, INC.

**Current Principal Place of Business:**

805 N. WHITTINGTON PARKWAY  
SUITE 400  
LOUISVILLE, KY 40222

**Current Mailing Address:**

805 N. WHITTINGTON PARKWAY  
SUITE 400  
LOUISVILLE, KY 40222 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

**Officer/Director Detail :**

Title            PRESIDENT AND DIRECTOR  
Name            DOUGLASS, EDWARD M.  
Address        805 N. WHITTINGTON PARKWAY  
                 SUITE 400  
City-State-Zip: LOUISVILLE KY 40222

Title            SECRETARY  
Name            REED, STEVEN S.  
Address        805 N. WHITTINGTON PARKWAY  
                 SUITE 400  
City-State-Zip: LOUISVILLE KY 40222

Title            TREASURER  
Name            MATTINGLY, JR., JAMES F.  
Address        805 N. WHITTINGTON PARKWAY  
                 SUITE 400  
City-State-Zip: LOUISVILLE KY 40222

Title            ASSISTANT TREASURER  
Name            FISHER, KEVIN G.  
Address        805 N. WHITTINGTON PARKWAY  
                 SUITE 400  
City-State-Zip: LOUISVILLE KY 40222

Title            VP AND DIRECTOR  
Name            VU, MICHAEL  
Address        805 N. WHITTINGTON PARKWAY  
                 SUITE 400  
City-State-Zip: LOUISVILLE KY 40222

Title            DIRECTOR AND VICE PRESIDENT  
Name            WILLIAMS, L. BRADLEY  
Address        805 N. WHITTINGTON PARKWAY  
                 SUITE 400  
City-State-Zip: LOUISVILLE KY 40222

Title            ASSISTANT SECRETARY  
Name            POTTER, SARAH E.  
Address        805 N. WHITTINGTON PARKWAY  
                 SUITE 400  
City-State-Zip: LOUISVILLE KY 40222

*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: EDWARD M. DOUGLASS

PRESIDENT

02/14/2019

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

\_\_\_\_\_  
Date