

**2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F08000003592

**FILED**  
**Apr 17, 2017**  
**Secretary of State**  
**CC8750517166**

**Entity Name:** WEX BANK

**Current Principal Place of Business:**

7090 SOUTH UNION PARK CENTER  
SUITE 350  
MIDVALE CITY, UT 84047

**Current Mailing Address:**

7090 SOUTH UNION PARK CENTER  
SUITE 350  
MIDVALE CITY, UT 84047 US

**FEI Number:** 84-1425616

**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 CHAIRMAN, PRESIDENT, CEO  
Name WEILER, KIRK S  
Address 7090 SOUTH UNION PARK CENTER  
SUITE 350  
City-State-Zip: MIDVALE CITY UT 84047

Title DIRECTOR  
Name CONNOLLY, PETER S  
Address 7090 SOUTH UNION PARK CENTER  
SUITE 350  
City-State-Zip: MIDVALE CITY UT 84047

Title SECRETARY  
Name RAPKIN, HILARY A  
Address 7090 SOUTH UNION PARK CENTER  
SUITE 350  
City-State-Zip: MIDVALE CITY UT 84047

Title VP, CFO, ASST. SECRETARY  
Name HAAS, DARREN  
Address 7090 SOUTH UNION PARK CENTER  
SUITE 350  
City-State-Zip: MIDVALE CITY UT 84047

Title TREASURER  
Name BENDIG, ROBERT  
Address 7090 SOUTH UNION PARK CENTER  
SUITE 350  
City-State-Zip: MIDVALE CITY UT 84047

Title COMPLIANCE OFFICER  
Name WILLIAMS, ANGIE  
Address 7090 SOUTH UNION PARK CENTER  
SUITE 350  
City-State-Zip: MIDVALE CITY UT 84047

Title CREDIT RISK OFFICER  
Name DANSIE, KEVIN  
Address 7090 SOUTH UNION PARK CENTER  
SUITE 350  
City-State-Zip: MIDVALE CITY UT 84047

Title CHIEF CREDIT OFFICER  
Name STURM, MICHAEL  
Address 7090 SOUTH UNION PARK CENTER  
SUITE 350  
City-State-Zip: MIDVALE CITY UT 84047

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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.*

**SIGNATURE:** HILARY A. RAPKIN

**SECRETARY**

**04/17/2017**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name ELDER, STEVEN A.  
Address 225 GORHAM ROAD  
City-State-Zip: SOUTH PORTLAND ME 84047

Title DIRECTOR  
Name LOEBBECKE, JAMES  
Address 7090 SOUTH UNION PARK CENTER  
SUITE 350  
City-State-Zip: MIDVALE CITY UT 84047

Title DIRECTOR  
Name ANDERSON, GRETCHEN  
Address 7090 SOUTH UNION PARK CENTER  
SUITE 350  
City-State-Zip: MIDVALE CITY UT 84047

Title DIRECTOR  
Name EMERY, RANDY  
Address 7090 SOUTH UNION PARK CENTER  
SUITE 350  
City-State-Zip: MIDVALE CITY UT 84047

Title DIRECTOR  
Name THACKERAY, MILTON  
Address 7090 SOUTH UNION PARK CENTER  
SUITE 350  
City-State-Zip: MIDVALE CITY UT 84047