2019 FOREIGN PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# F08000003592

Entity Name: WEX BANK

FILED Apr 09, 2019 **Secretary of State** 0646000487CC

Current Principal Place of Business:

7090 SOUTH UNION PARK CENTER

SUITE 350

MIDVALE, UT 84047

Current Mailing Address:

7090 SOUTH UNION PARK CENTER

SUITE 350

MIDVALE, 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:

Name

Name

Electronic Signature of Registered Agent Date

Officer/Director Detail:

Title **SECRETARY** Title VP, CHIEF RISK OFFICER, AND

SECURITY OFFICER RAPKIN, HILARY A.

Name DANSIE. KEVIN

Address 7090 SOUTH UNION PARK CENTER

Address 7090 SOUTH UNION PARK CENTER SUITE 350

SUITE 350 MIDVALE UT 84047 City-State-Zip: City-State-Zip: MIDVALE UT 84047

ACH PROCESSING PREP SERVICES Title OFFICER

Title PRESIDENT/CEO LEMBREE, GREGORY Name LAUKKA. TIM Name

7090 SOUTH UNION PARK CENTER 7090 SOUTH UNION PARK CENTER Address Address

> **SUITE 350 SUITE 350**

MIDVALE UT 84047 MIDVALE UT 84047 City-State-Zip: City-State-Zip:

Title VP, CHIEF FINANCIAL OFFICER AND Title VP, DIRECTOR OF COMPLIANCE,

BANK SECRECY ACT OFFICER, ANTI-ASSISTANT CORP SECR MONEY LAUNDERING COMPLIANCE CLIFF, NATHAN

OFFICER & COMMUNITY REINVESTMENT ACT OFFICER 7090 SOUTH UNION PARK CENTER Address

SUITE 350 WILLIAMS, ANGIE Name

MIDVALE UT 84047 City-State-Zip: Address 7090 SOUTH UNION PARK CENTER

SUITE 350

Title **TREASURER** City-State-Zip: MIDVALE UT 84047

OLSON, EPHRAIM Name

Title ASST. TREASURER 7090 SOUTH UNION PARK CENTER Address SUITE 350 Name GARDUNO, JEREMY

MIDVALE UT 84047 City-State-Zip: 7090 SOUTH UNION PARK CENTER Address

SUITE 350

City-State-Zip: MIDVALE 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.

04/09/2019 SIGNATURE: HILARY RAPKIN **SECRETARY**

Officer/Director Detail Continued:

Title ASSISTANT CORPORATE SECRETARY Title INFORMATION SECURITY OFFICER

Name DREW, ANN Name LEONHIRTH, MICHAEL

Address 7090 SOUTH UNION PARK CENTER Address 7090 SOUTH UNION PARK CENTER

SUITE 350 SUITE 350

City-State-Zip: MIDVALE UT 84047 City-State-Zip: MIDVALE UT 84047

Title ACTING CHIEF CREDIT OFFICER – FACTORING

Name BASKIN, JAMIE

Address 7090 SOUTH UNION PARK CENTER

SUITE 350

City-State-Zip: MIDVALE UT 84047