

2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000004198

Entity Name: VANGUARD ADMINISTRATORS, INC.

Current Principal Place of Business:

100 VANGUARD BLVD.
MALVERN, PA 19355

Current Mailing Address:

100 VANGUARD BLVD.
MALVERN, PA 19355 US

FEI Number: 23-1945903

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 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 CEO, DIRECTOR, PRESIDENT,
CHAIRMAN
Name MCNABB, F. WILLIAM III
Address 100 VANGUARD BLVD.
City-State-Zip: MALVERN PA 19355

Title CFO
Name SATTERTHWAITTE, FRANK
Address 100 VANGUARD BLVD.
City-State-Zip: MALVERN PA 19355

Title ASSISTANT SECRETARY
Name KIMMEL, MICHAEL
Address 100 VANGUARD BLVD.
City-State-Zip: MALVERN PA 19355

Title SECRETARY, GENERAL COUNSEL
Name STAM, HEIDI
Address 100 VANGUARD BLVD.
City-State-Zip: MALVERN PA 19355

Title DIRECTOR
Name GUPTA, RAJIV L
Address 100 VANGUARD BLVD.
City-State-Zip: MALVERN PA 19355

Title DIRECTOR
Name FULLWOOD, EMERSON U
Address 100 VANGUARD BLVD.
City-State-Zip: MALVERN PA 19355

Title DIRECTOR
Name VOLANAKIS, PETER F.
Address 100 VANGUARD BLVD.
City-State-Zip: MALVERN PA 19355

Title DIRECTOR
Name LOUGHREY, F. JOSEPH
Address 100 VANGUARD BLVD.
City-State-Zip: MALVERN PA 19355

Continues on page 2

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: HEIDI STAM

SECRETARY

04/29/2016

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name LOUGHRIDGE, MARK
Address 1 NEW ORCHARD ROAD
City-State-Zip: ARMONK NY 10504-1722

Title DIRECTOR
Name GUTMANN, AMY
Address 100 VANGUARD BLVD.
City-State-Zip: MALVERN PA 19355

Title DIRECTOR
Name HEFFERNAN-HESIEN, JOANN
Address 100 VANGUARD BLVD.
City-State-Zip: MALVERN PA 19355

Title DIRECTOR
Name PEROLD, ANDRE
Address 100 VANGUARD BLVD.
City-State-Zip: MALVERN PA 19355