

**2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F08000004198

**Entity Name:** VANGUARD ADMINISTRATORS, INC.

**Current Principal Place of Business:**

100 VANGUARD BLVD.  
MALVERN, PA 19355

**FILED**  
**Apr 30, 2014**  
**Secretary of State**  
**CC5845044038**

**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  
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**

**04/30/2014**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name MALPASS, SCOTT  
Address 1251 N. EDDY STREET, SUITE 400  
City-State-Zip: SOUTH BEND IN 46617-1403

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

Title DIRECTOR  
Name RANKIN, ALFRED M JR  
Address 100 VANGUARD BLVD.  
City-State-Zip: MALVERN PA 19355

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