

2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F10000002255

Entity Name: VANGUARD MARKETING CORPORATION**Current Principal Place of Business:**100 VANGUARD BOULEVARD
MALVERN, PA 19355**Current Mailing Address:**100 VANGUARD BOULEVARD
MALVERN, PA 19355**FEI Number:** 23-2019846**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 SECRETARY
Name COSBY, CAROLINE
Address 100 VANGUARD BOULEVARD
City-State-Zip: MALVERN PA 19355

Title DIRECTOR
Name BUCKLEY, MORTIMER J.
Address 100 VANGUARD BOULEVARD
City-State-Zip: MALVERN PA 19355

Title DIRECTOR
Name KING, MARTHA G.
Address 100 VANGUARD BOULEVARD
City-State-Zip: MALVERN PA 19355

Title DIRECTOR
Name REED, GLENN W.
Address 100 VANGUARD BOULEVARD
City-State-Zip: MALVERN PA 19355

Title DIRECTOR
Name MCISAAC, CHRISTOPHER D.
Address 100 VANGUARD BOULEVARD
City-State-Zip: MALVERN PA 19355

Title TREASURER
Name PANTALONE, SALVATORE L.
Address 100 VANGUARD BOULEVARD
City-State-Zip: MALVERN PA 19355

Title DIRECTOR
Name STAM, HEIDI
Address 100 VANGUARD BOULEVARD
City-State-Zip: MALVERN PA 19355

Title DIRECTOR
Name MCNABB, F. WILLIAM
Address 100 VANGUARD BOULEVARD
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: CAROLINE COSBY**SECRETARY****04/14/2016**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name RISI, KARIN A.
Address 100 VANGUARD BOULEVARD
City-State-Zip: MALVERN PA 19355

Title DIRECTOR
Name RAMPULLA, THOMAS M.
Address 100 VANGUARD BOULEVARD
City-State-Zip: MALVERN PA 19355