

**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 MCISAAC, CHRISTOPHER D.  
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 TREASURER  
Name PANTALONE, SALVATORE L.  
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 STAM, HEIDI  
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 MCNABB, F. WILLIAM  
Address 100 VANGUARD BOULEVARD  
City-State-Zip: MALVERN PA 19355

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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:** 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