

**2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F11000000824

**Entity Name:** KAR AUCTION SERVICES, INC.**Current Principal Place of Business:**11299 NORTH ILLINOIS STREET  
CARMEL, IN 46032**Current Mailing Address:**11299 NORTH ILLINOIS STREET  
CARMEL, IN 46032 US**FEI Number:** 20-8744739**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:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title SECRETARY  
Name COLEMAN, CHARLES S.  
Address 11299 NORTH ILLINOIS STREET  
City-State-Zip: CARMEL IN 46032

Title DIRECTOR  
Name DIDOMENICO, DAVID  
Address 11299 NORTH ILLINOIS STREET  
City-State-Zip: CARMEL IN 46032

Title DIRECTOR  
Name HILL, MARK E.  
Address 11299 NORTH ILLINOIS STREET  
City-State-Zip: CARMEL IN 46032

Title PRESIDENT  
Name KELLY, PETER  
Address 11299 NORTH ILLINOIS STREET  
City-State-Zip: CARMEL IN 46032

Title DIRECTOR  
Name KESTNER, MICHAEL T.  
Address 11299 NORTH ILLINOIS STREET  
City-State-Zip: CARMEL IN 46032

Title DIRECTOR  
Name SMITH, STEPHEN E.  
Address 11299 NORTH ILLINOIS STREET  
City-State-Zip: CARMEL IN 46032

Title DIRECTOR  
Name SMITH, MARY ELLEN  
Address 11299 NORTH ILLINOIS STREET  
City-State-Zip: CARMEL IN 46032

Title DIRECTOR  
Name HOWELL, J. MARK  
Address 11299 NORTH ILLINOIS STREET  
City-State-Zip: CARMEL IN 46032

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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:** CHARLES S. COLEMAN**SECRETARY****01/31/2020**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title               DIRECTOR  
Name               JACOBY, STEFAN  
Address            11299 NORTH ILLINOIS STREET  
City-State-Zip:    CARMEL IN 46032

Title               DIRECTOR, CHIEF EXECUTIVE OFFICER  
Name               HALLETT, JAMES P.  
Address            11299 NORTH ILLINOIS STREET  
City-State-Zip:    CARMEL IN 46032

Title               CHIEF FINANCIAL OFFICER  
Name               LOUGHMILLER, ERIC M.  
Address            11299 NORTH ILLINOIS STREET  
City-State-Zip:    CARMEL IN 46032

Title               TREASURER  
Name               ELIASON, MIKE  
Address            11299 NORTH ILLINOIS STREET  
City-State-Zip:    CARMEL IN 46032