

**2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F11000000824

**Entity Name:** KAR AUCTION SERVICES, INC.**Current Principal Place of Business:**13085 HAMILTON CROSSING BLVD.  
CARMEL, IN 46032**Current Mailing Address:**13085 HAMILTON CROSSING BLVD.  
CARMEL, IN 46032**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 DIRECTOR  
Name HALLETT, JAMES P.  
Address 13085 HAMILTON CROSSING BLVD.  
City-State-Zip: CARMEL IN 46032

Title DIRECTOR  
Name FORMANEK, PETER R.  
Address 13085 HAMILTON CROSSING BLVD.  
City-State-Zip: CARMEL IN 46032

Title DIRECTOR  
Name ECTON, DONNA R.  
Address 13085 HAMILTON CROSSING BLVD.  
City-State-Zip: CARMEL IN 46032

Title PRESIDENT  
Name KELLY, PETER  
Address 13085 HAMILTON CROSSING BLVD.  
City-State-Zip: CARMEL IN 46032

Title SECRETARY  
Name POLAK, REBECCA C.  
Address 13085 HAMILTON CROSSING BLVD.  
City-State-Zip: CARMEL IN 46032

Title DIRECTOR  
Name KESTNER, MICHAEL T.  
Address 13085 HAMILTON CROSSING BLVD.  
City-State-Zip: CARMEL IN 46032

Title DIRECTOR  
Name SMITH, STEPHEN E.  
Address 13085 HAMILTON CROSSING BLVD.  
City-State-Zip: CARMEL IN 46032

Title DIRECTOR  
Name HILL, MARK E.  
Address 13085 HAMILTON CROSSING BLVD.  
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: REBECCA C. POLAK****SECRETARY****04/08/2016**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title                 DIRECTOR  
Name                LARSON, JOHN P.  
Address             13085 HAMILTON CROSSING BLVD.  
City-State-Zip:    CARMEL IN 46032

Title                 DIRECTOR  
Name                HOWELL, J. MARK  
Address             13085 HAMILTON CROSSING BLVD.  
City-State-Zip:    CARMEL IN 46032

Title                 DIRECTOR  
Name                JOLLIFFE, LYNN  
Address             13085 HAMILTON CROSSING BLVD.  
City-State-Zip:    CARMEL IN 46032

Title                 DIRECTOR  
Name                BOURELL, TODD F.  
Address             13085 HAMILTON CROSSING BLVD.  
City-State-Zip:    CARMEL IN 46032