

**2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F11000004529

**Entity Name:** TARSCO, INC.

**Current Principal Place of Business:**

1200 VALLEY WEST DRIVE  
SUITE 508  
WEST DES MOINES, IA 50266

**Current Mailing Address:**

1200 VALLEY WEST DRIVE  
SUITE 508  
WEST DES MOINES, IA 50266 US

**FEI Number:** 95-3762334

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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           WARREN, TERRY  
Address        1200 SADDLEBROOK CIRCLE  
City-State-Zip: FAIRHOPE AL 36532

Title           TREASURER  
Name           OSINGA, BRIAN  
Address        1200 VALLEY WEST DRIVE  
                  SUITE 508  
City-State-Zip: WEST DES MOINES IA 50266

Title           SECRETARY  
Name           BROWN, PAUL  
Address        1200 VALLEY WEST DRIVE  
                  SUITE 508  
City-State-Zip: WEST DES MOINES IA 50266

Title           PRESIDENT  
Name           SHOWAN, PAUL S.  
Address        1200 VALLEY WEST DRIVE  
                  SUITE 508  
City-State-Zip: WEST DES MOINES IA 50266

*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:** PAUL S. SHOWAN

**PRESIDENT**

**04/15/2017**

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

\_\_\_\_\_  
Date