

**2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F13000001928

**Entity Name:** PARCHMENT SERVICES INC.**Current Principal Place of Business:**7001 N. SCOTTSDALE RD, SUITE 1050  
SCOTTSDALE, AZ 85253**Current Mailing Address:**7001 N. SCOTTSDALE RD, SUITE 1050  
SCOTTSDALE, AZ 85253 US**FEI Number:** 95-4830072**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 DIRECTOR  
Name REESE, JOHN  
Address 7001 N. SCOTTSDALE RD, SUITE 1050

City-State-Zip: SCOTTSDALE AZ 85253

Title DIRECTOR  
Name SINE, JEFF  
Address 7001 N. SCOTTSDALE RD, SUITE 1050

City-State-Zip: SCOTTSDALE AZ 85253

Title DIRECTOR  
Name MENICHELLI, VINCENT  
Address 7001 N. SCOTTSDALE RD, SUITE 1050

City-State-Zip: SCOTTSDALE AZ 85253

Title SECRETARY  
Name COLLETTI, ROBERT J.  
Address 7001 N. SCOTTSDALE RD, SUITE 1050

City-State-Zip: SCOTTSDALE AZ 85253

Title DIRECTOR  
Name LEWIS, JOSHUA  
Address 7001 N. SCOTTSDALE RD, SUITE 1050

City-State-Zip: SCOTTSDALE AZ 85253

Title PRESIDENT, DIRECTOR  
Name PITTINSKY, MATTHEW  
Address 7001 N. SCOTTSDALE RD, SUITE 1050

City-State-Zip: SCOTTSDALE AZ 85253

Title DIRECTOR  
Name NOVAK, ROGER  
Address 7001 N. SCOTTSDALE RD, SUITE 1050

City-State-Zip: SCOTTSDALE AZ 85253

Title DIRECTOR  
Name BEARD, ETHAN  
Address 7001 N. SCOTTSDALE RD, SUITE 1050

City-State-Zip: SCOTTSDALE AZ 85253

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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:** VALERIE TARVIN**AUTHORIZED PERSON****01/15/2019**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title	AUTHORIZED PERSON
Name	TARVIN, VALERIE
Address	7001 N. SCOTTSDALE RD, SUITE 1050
City-State-Zip:	SCOTTSDALE AZ 85253