

**2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F13000003704

**Entity Name:** ALLSUP SERVICES, INC.

**Current Principal Place of Business:**

300 ALLSUP PLACE  
BELLEVILLE, IL 62223

**FILED**  
**Feb 28, 2018**  
**Secretary of State**  
**CC4745440993**

**Current Mailing Address:**

300 ALLSUP PLACE  
BELLEVILLE, IL 62223

**FEI Number: 37-1302805**

**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 CHAIRMAN OF THE BOARD,  
PRESIDENT AND CEO  
Name ALLSUP, JAMES  
Address 300 ALLSUP PLACE  
City-State-Zip: BELLEVILLE IL 62223

Title SENIOR VICE PRESIDENT AND  
ASSISTANT SECRETARY  
Name WALTERS, MARY D  
Address 300 ALLSUP PLACE  
City-State-Zip: BELLEVILLE IL 62223

Title VICE PRESIDENT AND SECRETARY  
Name HARKINS, JOHN  
Address 300 ALLSUP PLACE  
City-State-Zip: BELLEVILLE IL 62223

Title VP, TREASURER, AND ASSISTANT  
SECRETARY  
Name HAGEN, W. GEARY  
Address 300 ALLSUP PLACE  
City-State-Zip: BELLEVILLE IL 62223

Title VP  
Name MUSCHLER, PAULA  
Address 300 ALLSUP PLACE  
City-State-Zip: BELLEVILLE IL 62223

Title ASST. V.P., ASS.TREAS., & ASS.  
SECRY.  
Name HILL, PATRICK R  
Address 300 ALLSUP PLACE  
City-State-Zip: BELLEVILLE IL 62223

Title COMPLIANCE OFFICER  
Name ASHER, BART T  
Address 300 ALLSUP PLACE  
City-State-Zip: BELLEVILLE IL 62223

Title ACCOUNTING OFFICER  
Name WELLEN, MARY  
Address 300 ALLSUP PLACE  
City-State-Zip: BELLEVILLE IL 62223

*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: JAMES ALLSUP**

**PRESIDENT**

**02/28/2018**

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

\_\_\_\_\_  
Date