

2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F13000003704

Entity Name: ALLSUP SERVICES, INC.**Current Principal Place of Business:**300 ALLSUP PLACE
BELLEVILLE, IL 62223**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	PD
Name	ALLSUP, JAMES
Address	300 ALLSUP PLACE
City-State-Zip:	BELLEVILLE IL 62223

Title	V
Name	WALTERS, MARY D
Address	300 ALLSUP PLACE
City-State-Zip:	BELLEVILLE IL 62223

Title	AS
Name	HARKINS, JOHN
Address	300 ALLSUP PLACE
City-State-Zip:	BELLEVILLE IL 62223

Title	T
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

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: HARKINS , JOHNVICE
PRESIDENT/SECRETARY

03/03/2015

Electronic Signature of Signing Officer/Director Detail_____
Date