

2016 FOREIGN PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# F14000002057

Entity Name: AMT CONSUMER SERVICES INC**Current Principal Place of Business:**5100 GAMBLE DRIVE, SUITE 600
ST. LOUIS PARK, MN 55416**Current Mailing Address:**5100 GAMBLE DRIVE, SUITE 600
ST. LOUIS PARK, MN 55416**FEI Number:** 35-2208197**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	PRESIDENT
Name	ROSENBERG, NORMAN
Address	5100 GAMBLE DRIVE, SUITE 600
City-State-Zip:	ST. LOUIS PARK MN 55416

Title	SECRETARY
Name	ARLOWE, STEVE
Address	5100 GAMBLE DRIVE, SUITE 600
City-State-Zip:	ST. LOUIS PARK MN 55416

Title	TREASURER
Name	SCHLACHTER, HARRY
Address	59 MAIDEN LANE
City-State-Zip:	NEW YORK NY 10038

Title	DIRECTOR
Name	ROSENBERG, NORMAN
Address	5100 GAMBLE DRIVE, SUITE 600
City-State-Zip:	ST. LOUIS PARK MN 55416

Title	EXECUTIVE VICE PRESIDENT
Name	BURDA, DAVID
Address	5100 GAMBLE DRIVE SUITE 600
City-State-Zip:	ST. LOUIS PARK MN 55416

Title	DIRECTOR, EXECUTIVE VICE PRESIDENT
Name	HOLLANDER, STUART
Address	59 MAIDEN LANE 43RD FLOOR
City-State-Zip:	NEW YORK NY 10038

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: STEVE ARLOWE**SECRETARY****04/18/2016**_____
Electronic Signature of Signing Officer/Director Detail_____
Date