

2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96000000158

Entity Name: PROTECTIVE ADMINISTRATIVE SERVICES, INC.**Current Principal Place of Business:**ONE CHESTERFIELD PLACE
14755 NORTH OUTER FORTY DRIVE, SUITE 400
ST. LOUIS, MO 63017**Current Mailing Address:**ONE CHESTERFIELD PLACE
14755 NORTH OUTER FORTY DRIVE, SUITE 400
ST. LOUIS, MO 63017 US**FEI Number:** 43-1724227**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	DP
Name	KARCHUNAS, M. SCOTT
Address	14755 N OUTER FORTY DRIVE STE 400
City-State-Zip:	CHESTERFIELD MO 63017

Title	VPSD
Name	HACKETT, RICHARD C
Address	14755 N OUTER FORTY STE 400
City-State-Zip:	CHESTERFIELD MO 63017

Title	ASAT, ASST. SECRETARY
Name	DOWNAR, MARK S
Address	14755 N. OUTER FORTY DR., STE 400
City-State-Zip:	SAINT LOUIS MO 63017-6050

Title	VP
Name	WALKER, STEVEN
Address	2801 HWY 280 SO.
City-State-Zip:	BIRMINGHAM AL 35223

Title	VPTD
Name	CARIOLANO, GREGG O
Address	14755 N OUTER FORTY DR, STE 400
City-State-Zip:	ST LOUIS MO 63017-6050

Title	DIRECTOR, VP
Name	KURTZ, RICHARD
Address	ONE CHESTERFIELD PLACE 14755 NORTH OUTER FORTY DRIVE, SUITE 400
City-State-Zip:	ST. LOUIS MO 63017

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: MARK DOWNAR**ASSISTANT SECRETARY** 04/13/2018_____
Electronic Signature of Signing Officer/Director Detail_____
Date