

2017 FOREIGN PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P37142

**FILED
Jul 06, 2017
Secretary of State
CC8071934926**

Entity Name: ASURION CONSUMER SOLUTIONS OF FLORIDA, INC.

Current Principal Place of Business:

300 SOUTH WACKER DR.
STE. 1350
CHICAGO, IL 60606

Current Mailing Address:

11460 TOMAHAWK CREEK PKWY
5TH FLOOR STE 300
LEAWOOD, KS 66211 US

FEI Number: 54-1627746

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

NRAI SERVICES, INC
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 AND CHIEF EXECUTIVE OFFICER
Name TAWEEL, KEVIN
Address 160 BOVET ROAD STE 402
City-State-Zip: SAN MATEO CA 94402

Title SR. VICE PRESIDENT OF FINANCE & TREASURER
Name REAGAN, WILLARD
Address 648 GRASSMERE PARK STE 100
City-State-Zip: NASHVILLE TN 37211

Title SR. VICE PRESIDENT, GENERAL COUNSEL, & SECRETARY
Name PURYEAR, GUSTAVUS IV
Address 648 GRASSMERE PARK STE 100
City-State-Zip: NASHVILLE TN 37211

Title VICE PRESIDENT & ASSISTANT SECRETARY
Name TOPOREK, LISA
Address 648 GRASSMERE PARK, STE. 100
City-State-Zip: NASHVILLE TN 37211

Title ASSISTANT SECRETARY
Name MACHALINSKI, RICHARD
Address 300 SOUTH WACKER DR. STE. 1350
City-State-Zip: CHICAGO IL 60606

Title VICE PRESIDENT & ASST. TREASURER
Name ALEXANDER, ELIZABETH
Address 648 GRASSMERE PARK, STE. 100
City-State-Zip: NASHVILLE TN 37211

Title ASST. TREASURER
Name SLOAN, JASON
Address 648 GRASSMERE PARK, STE. 100
City-State-Zip: NASHVILLE TN 37211

Title ASST. TREASURER
Name MARTIN, JASON
Address 11460 TOMAHAWK CREEK PKWY STE. 300
City-State-Zip: LEAWOOD KS 66211

Continues on page 2

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: CHARLES LAUE

PRESIDENT

07/06/2017

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title PRESIDENT
Name LAUE, CHARLES
Address 11460 TOMAHAWK CREEK PKWY
 STE 300
City-State-Zip: LEAWOOD KS 66211

Title DIRECTOR
Name DETTER, ROGER
Address 160 BOVET RD
 STE 402
City-State-Zip: SAN MATEO CA 94402

Title SENIOR VICE PRESIDENT, CFO, AND
 DIRECTOR
Name STOREY, JOHN
Address 648 GRASSMERE PARK
 STE 100
City-State-Zip: NASHVILLE TN 37211