

2025 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P37321

Entity Name: DEALER COMPUTER SERVICES, INC.**Current Principal Place of Business:**6700 HOLLISTER ST
HOUSTON, TX 77040**Current Mailing Address:**1 REYNOLDS WAY
ATTN: TAX DEPT.
KETTERING, OH 45430 US**FEI Number: 38-3028101****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 VP
Name BALES, MARK F.
Address 1 REYNOLDS WAY
City-State-Zip: KETTERING OH 45430

Title DIRECTOR, CHAIRMAN
Name BROCKMAN, DOROTHY KAY
Address 6700 HOLLISTER ST
City-State-Zip: HOUSTON TX 77040

Title SECRETARY
Name LUGO, PAM
Address 6700 HOLLISTER ST
City-State-Zip: HOUSTON TX 77040

Title DIRECTOR
Name BROCKMAN, ROBERT THERON II
Address 6700 HOLLISTER ST
City-State-Zip: HOUSTON TX 77040

Title CEO
Name BARRAS, NORMAN TOMMY
Address 6700 HOLLISTER ST
City-State-Zip: HOUSTON TX 77040

Title CFO, TREASURER
Name ROBINSON, SHERI A
Address 6700 HOLLISTER ST
City-State-Zip: HOUSTON TX 77040

Title PRESIDENT
Name WALSH, CHRISTOPHER
Address 1 REYNOLDS WAY
City-State-Zip: KETTERING OH 45430

Title DIRECTOR
Name BROCKMAN, ELIZABETH BELLWS
Address 6700 HOLLISTER ST
City-State-Zip: HOUSTON TX 77040

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: MARK BALES**VICE PRESIDENT****04/11/2025**_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title	COO
Name	DAUGHTERS, WILLIAM T. II
Address	6700 HOLLISTER ST
City-State-Zip:	HOUSTON TX 77040