

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 589446

**FILED**  
**Apr 17, 2014**  
**Secretary of State**  
**CC0894471371**

**Entity Name:** FIDELITY WARRANTY SERVICES, INC.

**Current Principal Place of Business:**

500 JIM MORAN BLVD.  
DEERFIELD BEACH, FL 33442

**Current Mailing Address:**

500 JIM MORAN BLVD.  
DEERFIELD BEACH, FL 33442 US

**FEI Number:** 59-1865221

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CT CORPORATION SYSTEM  
1200 S. 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            PRESIDENT, DIRECTOR  
Name            HEATHCOTT, FORREST W. III  
Address        100 JIM MORAN BLVD.  
City-State-Zip: DEERFIELD BEACH FL 33442

Title            VP, GENERAL COUNSEL &  
                     SECRETARY  
Name            GUTTUSO, MARIA K  
Address        100 JIM MORAN BLVD.  
City-State-Zip: DEERFIELD BEACH FL 33442

Title            TREASURER  
Name            GEBHARD, ERIC M.  
Address        100 JIM MORAN BLVD.  
City-State-Zip: DEERFIELD BEACH FL 33442

Title            DIRECTOR  
Name            BROWN, COLIN W.  
Address        100 JIM MORAN BLVD.  
City-State-Zip: DEERFIELD BEACH FL 33442

Title            DIRECTOR, SVP, COO  
Name            COOMBS, RONALD M.  
Address        100 JIM MORAN BLVD.  
City-State-Zip: DEERFIELD BEACH FL 33442

Title            DIRECTOR  
Name            HAEFFNER, ROBERT J.  
Address        100 JIM MORAN BLVD.  
City-State-Zip: DEERFIELD BEACH FL 33442

*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:** MARIA K GUTTUSO

**SECRETARY**

**04/17/2014**

Electronic Signature of Signing Officer/Director Detail

Date