#### 2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

#### DOCUMENT# 589446

## 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

## Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324 US

# FILED Apr 17, 2017 Secretary of State CC6381756910

Date

Certificate of Status Desired: No

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

## Officer/Director Detail :

emeen/eme			
Title	PRESIDENT, DIRECTOR	Title	GROUP VP
Name	HEATHCOTT, FORREST W. III	Name	PRITCHARD, MICHAEL D.
Address	500 JIM MORAN BLVD.	Address	500 JIM MORAN BLVD.
City-State-Zip:	DEERFIELD BEACH FL 33442	City-State-Zip:	DEERFIELD BEACH FL 33442
Title Name Address	VP COSTELLO, CHRIS W. 500 JIM MORAN BLVD.	Title Name	VP, GENERAL COUNSEL, SECRETARY GUTTUSO, MARIA K. 500 JIM MORAN BLVD.
City-State-Zip:	DEERFIELD BEACH FL 33442	Address City-State-Zip:	
Title	VICE PRESIDENT AND CHIEF FINANCIAL OFFICER, ASSISTANT TREASURER, DIRECTOR	Title Name	VP, CORPORATE TAXES MAGNER, KIMBERLY M.
Name	HAEFFNER, ROBERT J.	Address	500 JIM MORAN BLVD.
Address	500 JIM MORAN BLVD.	City-State-Zip:	DEERFIELD BEACH FL 33442
City-State-Zip:	DEERFIELD BEACH FL 33442	Title	TREASURER
Title	VP, ASSISTANT TREASURER, DIRECTOR	Name	GEBHARD, ERIC M.
Name	MCWILLIAMS, DONNA C.	Address	500 JIM MORAN BLVD.
Address	500 JIM MORAN BLVD.	City-State-Zip:	DEERFIELD BEACH FL 33442
City-State-Zip:	DEERFIELD BEACH FL 33442	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: MARIA K GUTTUSO

SECRETARY

04/17/2017

Electronic Signature of Signing Officer/Director Detail

Date

#### **Officer/Director Detail Continued :**

Title	DIRECTOR
Name	BROWN, COLIN W.
Address	500 JIM MORAN BLVD.
City-State-Zip:	DEERFIELD BEACH FL 33442