

2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000041815

Entity Name: WARRANTY SOLUTIONS ADMINISTRATIVE SERVICES, INC.**Current Principal Place of Business:**7125 W. JEFFERSON AVE., SUITE 200
LAKEWOOD, CO 80235**Current Mailing Address:**7125 W. JEFFERSON AVE
SUITE 200
LAKEWOOD, CO 80235 US**FEI Number:** 06-1373080**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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
Name	POPE, ADAM
Address	7125 W. JEFFERSON AVE., SUITE 200
City-State-Zip:	LAKEWOOD CO 80235

Title	DIRECTOR, VP
Name	HOLLANDER, STUART
Address	59 MAIDEN LANE 42ND FLOOR
City-State-Zip:	NEW YORK NY 10038

Title	DIRECTOR, SECRETARY, VP
Name	MOSES, BARRY
Address	800 SUPERIOR AVE 21ST FL
City-State-Zip:	CLEVELAND OH 44114

Title	ASST. SECRETARY
Name	BERMAN, JAY
Address	610 FOX FIELDS ROAD
City-State-Zip:	BRYN MAWR PA 19010

Title	DIRECTOR
Name	KARKOWSKY, ADAM
Address	59 MAIDEN LANE 43RD FLOOR
City-State-Zip:	NEW YORK NY 10038

Title	TREASURER
Name	SCHLACHTER, HARRY
Address	59 MAIDEN LANE 43RD FLOOR
City-State-Zip:	NEW YORK NY 10038

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: BARRY MOSES**SECRETARY****04/12/2017**_____
Electronic Signature of Signing Officer/Director Detail_____
Date