

**2022 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 828127

**Entity Name:** ALLY RISK SERVICES INC.

**Current Principal Place of Business:**

500 WOODWARD AVENUE  
DETROIT, MO 48226

**Current Mailing Address:**

500 WOODWARD AVENUE  
DETROIT, MO 48226 US

**FEI Number:** 38-6040356

**Certificate of Status Desired:** No

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

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

**FILED**  
**Apr 07, 2022**  
**Secretary of State**  
**1335478297CC**

*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 SECRETARY  
Name BELISLE, JEFFREY A.  
Address 500 WOODWARD AVENUE  
City-State-Zip: DETROIT MO 48226

Title TREASURER, VP, DIRECTOR  
Name HEATH, JASON J.  
Address 500 WOODWARD AVENUE  
City-State-Zip: DETROIT MO 48226

Title DIRECTOR  
Name BASLER, AARON T  
Address 500 WOODWARD AVENUE  
City-State-Zip: DETROIT MO 48226

Title DIRECTOR  
Name ELLER, DANIEL  
Address 500 WOODWARD AVENUE  
City-State-Zip: DETROIT MO 48226

Title DIRECTOR  
Name HOLLAND, DAVID A  
Address 500 WOODWARD AVENUE  
City-State-Zip: DETROIT MO 48226

Title DIRECTOR  
Name KOELLNER, KERRI A  
Address 500 WOODWARD AVENUE  
City-State-Zip: DETROIT MO 48226

Title PRESIDENT  
Name ELLER, DANIEL  
Address 500 WOODWARD AVENUE  
City-State-Zip: DETROIT MO 48226

Title VP  
Name KOELLNER, KERRI A  
Address 500 WOODWARD AVENUE  
City-State-Zip: DETROIT MO 48226

**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:** KATZ , JEFFREY S

**ASSISTANT TREASURER 04/07/2022**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title ASSISTANT TREASURER  
Name KATZ, JEFFREY S  
Address 500 WOODWARD AVENUE  
City-State-Zip: DETROIT MO 48226