

2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000005273

Entity Name: ALSCO INC.**Current Principal Place of Business:**505 E. 200 SOUTH
SALT LAKE CITY, UT 84102**Current Mailing Address:**505 E. 200 SOUTH
SALT LAKE CITY, UT 84102 US**FEI Number:** 87-0252999**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 S
Name WEILER, TIMOTHY L
Address 505 E. 200 SOUTH
City-State-Zip: SALT LAKE CITY UT 84102

Title PD
Name STEINER, KEVIN K
Address 505 E. 200 SOUTH
City-State-Zip: SALT LAKE CITY UT 84102

Title AS
Name LINDBERG, LISA
Address 505 E. 200 SOUTH
City-State-Zip: SALT LAKE CITY UT 84102

Title VP
Name LARSON, STEPHEN
Address 505 E. 200 SOUTH
City-State-Zip: SALT LAKE CITY UT 84102

Title VPT
Name KEARNS, JAMES
Address 505 E. 200 SOUTH
City-State-Zip: SALT LAKE CITY UT 84102

Title PD
Name STEINER, ROBERT C
Address 505 E. 200 SOUTH
City-State-Zip: SALT LAKE CITY UT 84102

Title AS
Name RANDY, BROUGH
Address 505 E. 200 SOUTH
City-State-Zip: SALT LAKE CITY UT 84102

Title TREASURER
Name PASSEY, STEVE
Address 505 E. 200 SOUTH
City-State-Zip: SALT LAKE CITY UT 84102

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: LISA LINDBERG**ASST. SECRETARY****03/19/2018**_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title DIRECTOR
Name HYLAND, JAMES A
Address 505 E. 200 SOUTH
City-State-Zip: SALT LAKE CITY UT 84102

Title DIRECTOR
Name PRISKE, MARVIN S
Address 505 E. 200 SOUTH
City-State-Zip: SALT LAKE CITY UT 84102

Title DIRECTOR
Name LUND, VICTOR
Address 505 E. 200 SOUTH
City-State-Zip: SALT LAKE CITY UT 84102