

2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000005318

Entity Name: AARP SERVICES, INC.**Current Principal Place of Business:**650 F STREET N.W.
WASHINGTON, DC 20004**Current Mailing Address:**650 F STREET N.W.
WASHINGTON, DC 20004 US**FEI Number:** 52-2141065**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 CEO
Name LARRY, FLANAGAN
Address 650 F STREET N.W.
City-State-Zip: WASHINGTON DC 20004

Title TREASURER
Name KEVIN, TATOR
Address 650 F STREET N.W.
City-State-Zip: WASHINGTON DC 20004

Title DIRECTOR
Name DALLY, MARTHA
Address 650 F STREET N.W.
City-State-Zip: WASHINGTON DC 20004

Title DIRECTOR
Name DESPREZ, JOHN III
Address 650 F STREET N.W.
City-State-Zip: WASHINGTON DC 20004

Title SECRETARY
Name MIKA, SARAH
Address 650 F STREET N.W.
City-State-Zip: WASHINGTON DC 20004

Title DIRECTOR
Name ARMOUR, TIM
Address 650 F STREET N.W.
City-State-Zip: WASHINGTON DC 20004

Title DIRECTOR
Name DEREMER, DARLENE
Address 650 F STREET N.W.
City-State-Zip: WASHINGTON DC 20004

Title DIRECTOR
Name FRANQUI, ANNETTE
Address 650 F STREET N.W.
City-State-Zip: WASHINGTON DC 20004

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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: SARAH MIKA**SECRETARY****04/10/2015**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name JENKINS, JO ANN
Address 650 F STREET N.W.
City-State-Zip: WASHINGTON DC 20004

Title DIRECTOR
Name PHILLS, JIM
Address 650 F STREET N.W.
City-State-Zip: WASHINGTON DC 20004

Title DIRECTOR
Name WATSON, ED
Address 650 F STREET N.W.
City-State-Zip: WASHINGTON DC 20004

Title DIRECTOR
Name PENN, JOHN
Address 650 F STREET N.W.
City-State-Zip: WASHINGTON DC 20004

Title DIRECTOR
Name STITH, MELVIN
Address 650 F STREET N.W.
City-State-Zip: WASHINGTON DC 20004