

2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F13000001424

Entity Name: NORTHCOAST WARRANTY SERVICES, INC.**Current Principal Place of Business:**800 SUPERIOR AVE E, 21ST FLOOR
CLEVELAND, OH 44114**Current Mailing Address:**800 SUPERIOR AVE E, 21ST FLOOR
CLEVELAND, OH 44114 US**FEI Number:** 46-2123167**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 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	DIRECTOR
Name	UNGAR, STEPHEN D
Address	59 MAIDEN LANE, 43RD FL
City-State-Zip:	NEW YORK NY 10038

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

Title	PRESIDENT
Name	ROSENBERG, NORMAN
Address	59 MAIDEN LANE, 42ND FLOOR
City-State-Zip:	NEW YORK NY 10038

Title	VP
Name	TRIVISON, DELYNN
Address	4767 NEW BROAD STREET
City-State-Zip:	ORLANDO FL 32814

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

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: STEPHEN UNGAR

BARRY MOSES

04/09/2019

Electronic Signature of Signing Officer/Director Detail_____
Date