# DOCUMENT# F9600000158

2022 FOREIGN PROFIT CORPORATION ANNUAL REPORT

Entity Name: PROTECTIVE ADMINISTRATIVE SERVICES, INC.

### **Current Principal Place of Business:**

ONE CHESTERFIELD PLACE 14755 NORTH OUTER FORTY DRIVE, SUITE 400 ST. LOUIS, MO 63017

# **Current Mailing Address:**

ONE CHESTERFIELD PLACE 14755 NORTH OUTER FORTY DRIVE, SUITE 400 ST. LOUIS, MO 63017 US

# FEI Number: 43-1724227

## 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

# **Officer/Director Detail :**

Title	DP	Title	SECRETARY, DIRECTOR
Name	KARCHUNAS, M. SCOTT	Name	FOSTER, LAURA
Address	14755 N OUTER FORTY DRIVE STE 400	Address	14755 NORTH OUTER FORTY DR SUITE 400
City-State-Zip:	CHESTERFIELD MO 63017	City-State-Zip:	CHESTERFIELD MO 63017
Title	VPTD	Title	DIRECTOR, VP
Name	CARIOLANO, GREGG O	Name	KURTZ, RICHARD
Address	14755 N OUTER FORTY DR, STE 400		ONE CHESTERFIELD PLACE 14755 NORTH OUTER FORTY DRIVE, SUITE 400
City-State-Zip:	ST LOUIS MO 63017-6050		
Title	DIRECTOR	City-State-Zip:	ST. LOUIS MO 63017
Name	HANKES-WESSELL, AMY	Title	ASST. SECRETARY, CFO
Address	14755 N OUTER FORTY DR, SUITE	Name	FISCHER, LONNETTE
City-State-Zip:	400 CHESTERFIELD MO 63017	Address	14755 NORTH OUTER FORTY DR, SUITE 400
		City-State-Zip:	CHESTERFIELD MO 63017

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: GREGG O CARIOLANO

TREASURER

04/21/2022

Date

Electronic Signature of Signing Officer/Director Detail

Certificate of Status Desired: No

Date