

2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96000000158

Entity Name: PROTECTIVE ADMINISTRATIVE SERVICES, INC.

FILED
Apr 29, 2020
Secretary of State
5971438955CC

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

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 DP
Name KARCHUNAS, M. SCOTT
Address 14755 N OUTER FORTY DRIVE STE 400
City-State-Zip: CHESTERFIELD MO 63017

Title VPSD
Name HACKETT, RICHARD C
Address 14755 N OUTER FORTY STE 400
City-State-Zip: CHESTERFIELD MO 63017

Title VPTD
Name CARIOLANO, GREGG O
Address 14755 N OUTER FORTY DR, STE 400
City-State-Zip: ST LOUIS MO 63017-6050

Title ASAT, ASST. SECRETARY
Name DOWNAR, MARK S
Address 14755 N. OUTER FORTY DR., STE 400
City-State-Zip: SAINT LOUIS MO 63017-6050

Title DIRECTOR, VP
Name KURTZ, RICHARD
Address ONE CHESTERFIELD PLACE
14755 NORTH OUTER FORTY DRIVE,
SUITE 400
City-State-Zip: ST. LOUIS 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: MARK DOWNAR

ASSISTANT SECRETARY 04/29/2020

Electronic Signature of Signing Officer/Director Detail

Date