

2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P13946

Entity Name: TIME CUSTOMER SERVICE, INC.**Current Principal Place of Business:**3000 UNIVERSITY CENTER DR
TAMPA, FL 33612-6408**Current Mailing Address:**3000 UNIVERSITY CENTER DR
TAMPA, FL 33612-6408 US**FEI Number:** 13-3388590**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CT CORPORATION SYSTEM
C/O CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
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	VP
Name	ELLIOTT, BARRY
Address	1271 AVE OF THE AMERICAS
City-State-Zip:	NEW YORK NY 10020

Title	PRESIDENT
Name	ADAMS, TIMOTHY
Address	1271 AVE OF THE AMERICAS
City-State-Zip:	NEW YORK NY 10020

Title	ASSISTANT SECRETARY
Name	KLEIN, LAUREN
Address	1271 AVE OF THE AMERICAS
City-State-Zip:	NEW YORK NY 10020

Title	ASSISTANT TREASURER
Name	CAREY, DANIEL
Address	1271 AVE OF THE AMERICAS
City-State-Zip:	NEW YORK NY 10020

Title	DIRECTOR
Name	BAIRSTOW, JEFFREY J
Address	1271 AVENUE OF THE AMERICAS
City-State-Zip:	NEW YORK NY 10020

Title	CORPORATE RECORDER
Name	SCHOPPER, THOMAS J
Address	1271 AVENUE OF THE AMERICAS ROOM 11-42
City-State-Zip:	NEW YORK NY 10020

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: THOMAS J. SCHOPPER**CORPORATE RECORDER** 04/29/2015

Electronic Signature of Signing Officer/Director Detail

Date