

**2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F08000001022

**Entity Name:** NANTUCKET ALLSERVE, INC.

**Current Principal Place of Business:**

5301 LEGACY DRIVE  
PLANO, TX 75024

**Current Mailing Address:**

5301 LEGACY DRIVE  
PLANO, TX 75024

**FEI Number:** 04-3093808

**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           EVP, CLERK, DIRECTOR  
Name           BALDWIN, JAMES L  
Address        5301 LEGACY DRIVE  
City-State-Zip: PLANO TX 75024

Title           PRESIDENT, CEO, DIRECTOR  
Name           YOUNG, LARRY D  
Address        5301 LEGACY DRIVE  
City-State-Zip: PLANO TX 75024

Title           SVP, CONTROLLER  
Name           STEPHENS, ANGELA  
Address        5301 LEGACY DRIVE  
City-State-Zip: PLANO TX 75024

Title           EVP, CFO, DIRECTOR  
Name           ELLEN, MARTIN M  
Address        5301 LEGACY DRIVE  
City-State-Zip: PLANO TX 75024

Title           SVP, TREASURER  
Name           DIMATTEO, TAUN  
Address        5301 LEGACY DRIVE  
City-State-Zip: PLANO TX 75024

Title           VP  
Name           NELSON, ELAINE  
Address        5301 LEGACY DRIVE  
City-State-Zip: PLANO TX 75024

Title           EVP  
Name           JOHNSTON, JAMES J  
Address        5301 LEGACY DRIVE  
City-State-Zip: PLANO TX 75024

Title           VP, ASSISTANT CLERK  
Name           LEWIS, WAYNE R  
Address        5301 LEGACY DRIVE  
City-State-Zip: PLANO TX 75024

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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:** ELAINE NELSON

**VICE PRESIDENT**

**04/12/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title VP, ASSISTANT SECRETARY

Name SWANSON, ARTHUR

Address 5301 LEGACY DRIVE

City-State-Zip: PLANO TX 75024