2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000005318

Entity Name: AARP SERVICES, INC.

Current Principal Place of Business:

650 F STREET N.W. WASHINGTON, DC 20004

FILED Apr 12, 2017 **Secretary of State** CC9645207267

Current Mailing Address:

650 F STREET N.W.

WASHINGTON, DC 20004 US

FEI Number: 52-2141065 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	CEO	Title	SECRETARY
Name	LARRY, FLANAGAN	Name	MIKA, SARAH
Address	650 F STREET N.W.	Address	650 F STREET N.W.

City-State-Zip: WASHINGTON DC 20004 City-State-Zip: WASHINGTON DC 20004

Title DIRECTOR Title **TREASURER**

Name DESPREZ, JOHN III KEVIN, TATOR Name Address 650 F STREET N.W. Address 650 F STREET N.W.

City-State-Zip: WASHINGTON DC 20004 WASHINGTON DC 20004 City-State-Zip:

Title DIRECTOR Title **DIRECTOR**

Name FRANQUI, ANNETTE EHLEN, JAMES Name Address 650 F STREET N.W. 650 F STREET N.W. Address

City-State-Zip: WASHINGTON DC 20004 WASHINGTON DC 20004 City-State-Zip:

Title DIRECTOR Title DIRECTOR

Name JENKINS, JO ANN HERMAN, JOAN Name 650 F STREET N.W. Address 650 F STREET N.W. Address

City-State-Zip: WASHINGTON DC 20004 WASHINGTON DC 20004 City-State-Zip:

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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.

04/12/2017 SIGNATURE: SARAH MIKA **SECRETARY**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued:

TitleDIRECTORTitleDIRECTORNameSTITH, MELVINNameWATSON, ED

Address 650 F STREET N.W. Address 650 F STREET N.W.

City-State-Zip: WASHINGTON DC 20004 City-State-Zip: WASHINGTON DC 20004

Title DIRECTOR Title DIRECTOR

NameWOEHRLE, TEDNameCOUGHLIN, JOEAddress650 F STREET N.W.Address650 F STREET N.W.

City-State-Zip: WASHINGTON DC 20004 City-State-Zip: WASHINGTON DC 20004