

2018 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

Current Mailing Address:

650 F STREET N.W.
WASHINGTON, DC 20004 US

FEI Number: NOT APPLICABLE

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 DIRECTOR
Name EHLEN, JAMES
Address 650 F STREET N.W.
City-State-Zip: WASHINGTON DC 20004

Title DIRECTOR
Name HARRIS, BOB
Address 650 F STREET N.W.
City-State-Zip: WASHINGTON DC 20004

Title DIRECTOR
Name HERMAN, JOAN
Address 650 F STREET N.W.
City-State-Zip: WASHINGTON DC 20004

Title DIRECTOR
Name STITH, MELVIN
Address 650 F STREET N.W.
City-State-Zip: WASHINGTON DC 20004

Title DIRECTOR
Name WATSON, ED
Address 650 F STREET N.W.
City-State-Zip: WASHINGTON DC 20004

Title DIRECTOR
Name WOEHRLE, TED
Address 650 F STREET N.W.
City-State-Zip: WASHINGTON DC 20004

Title SECRETARY
Name MIKA, SARAH
Address 650 F STREET N.W.
City-State-Zip: WASHINGTON DC 20004

Title CEO
Name LARRY, FLANAGAN
Address 650 F STREET N.W.
City-State-Zip: WASHINGTON DC 20004

Continues on page 2

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: SARAH MIKA

SECRETARY

04/05/2018

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date

Officer/Director Detail Continued :

Title CFO
Name TATOR, KEVIN
Address 650 F STREET N.W.
City-State-Zip: WASHINGTON DC 20004

Title DIRECTOR
Name DESPREZ, JOHN III
Address 650 F STREET N.W.
City-State-Zip: WASHINGTON DC 20004

Title DIRECTOR
Name COUGHLIN, JOE
Address 650 F STREET N.W.
City-State-Zip: WASHINGTON DC 20004