

**2020 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:** 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            PRESIDENT  
Name            LAREW, JOHN  
Address        650 F STREET N.W.  
City-State-Zip: WASHINGTON DC 20004

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

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

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

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

Title            CFO  
Name            TATOR, KEVIN  
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

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

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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:** SARAH MIKA

**SECRETARY**

**05/30/2020**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

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

Title           DIRECTOR  
Name           EHLEN, JAMES  
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