

**2023 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 SECRETARY  
Name MIKA, SARAH  
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 DIRECTOR  
Name WOEHRLE, TED  
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 HARRIS, BOB  
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 FOX, ROBERT  
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

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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**

**03/07/2023**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

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

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