

**2016 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            CEO  
Name            LARRY, FLANAGAN  
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            TREASURER  
Name            KEVIN, TATOR  
Address        650 F STREET N.W.  
City-State-Zip: WASHINGTON DC 20004

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

Title            DIRECTOR  
Name            FRANQUI, ANNETTE  
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

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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**

**04/01/2016**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name JENKINS, JO ANN  
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 PENN, JOHN  
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