

2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F14000004189

Entity Name: FURNITURE CARE PROTECTION, INC**Current Principal Place of Business:**609 SOUTH KELLY AVE SUITE E-8
EDMOND, OK 73003**Current Mailing Address:**609 SOUTH KELLY AVE SUITE E-8
EDMOND, OK 73003 US**FEI Number: 27-3443565****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD
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	CP
Name	HALL, DAVID W
Address	609 SOUTH KELLY AVE SUITE E-8
City-State-Zip:	EDMOND OK 73003

Title	DV
Name	MINNICK, DANIEL A
Address	609 SOUTH KELLY AVE SUITE E-8
City-State-Zip:	EDMOND OK 73003

Title	DCEO
Name	BURKE, STEVE
Address	11 VANDERBILT
City-State-Zip:	IRVINE CA 92618

Title	DV
Name	HAMMOND, CLAYTON
Address	609 SOUTH KELLY AVE SUITE E-8
City-State-Zip:	EDMOND OK 73003

Title	DST
Name	STAPLETON, KATHY
Address	609 SOUTH KELLY AVE SUITE E-8
City-State-Zip:	EDMOND OK 73003

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: DANIEL A MINNICK**VICE PRESIDENT****01/22/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date