

2019 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 | 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: KATHY STAPLETON**CONTROLLER****01/17/2019**_____
Electronic Signature of Signing Officer/Director Detail_____
Date