

2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F15000002768

Entity Name: SCRIP, INC.**Current Principal Place of Business:**360 VETERANS' PARKWAY
SUITE 115
BOLINGBROOK, IL 60440**Current Mailing Address:**360 VETERANS' PARKWAY
SUITE 115
BOLINGBROOK, IL 60440 US**FEI Number:** 37-0898556**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**NRAI SERVICES, INC.
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:** MICHELE HOLDEN; ASST SECRETARY

03/25/2019

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name BEECKEN, DAVID
Address 360 VETERANS' PARKWAY
SUITE 115
City-State-Zip: BOLINGBROOK IL 60440

Title DIRECTOR
Name FRANKEL, LAWRENCE
Address 360 VETERANS' PARKWAY
SUITE 115
City-State-Zip: BOLINGBROOK IL 60440

Title DIRECTOR
Name KABBES, SCOTT
Address 360 VETERANS' PARKWAY
SUITE 115
City-State-Zip: BOLINGBROOK IL 60440

Title DIRECTOR
Name KESMAN, ANTHONY
Address 360 VETERANS' PARKWAY
SUITE 115
City-State-Zip: BOLINGBROOK IL 60440

Title PRESIDENT, TREASURER
Name KIBLER, KRAY
Address 360 VETERANS' PARKWAY
SUITE 115
City-State-Zip: BOLINGBROOK IL 60440

Title DIRECTOR, VP
Name SCHLESINGER, THOMAS
Address 360 VETERANS' PARKWAY
SUITE 115
City-State-Zip: BOLINGBROOK IL 60440

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: KRAY KIBLER

PRESIDENT

03/25/2019

Electronic Signature of Signing Officer/Director Detail

Date