

**2022 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F21000000115

**Entity Name:** PARCELGUARD INSURANCE SERVICES, INC.

**Current Principal Place of Business:**

1990 E. GRAND AVE.  
EL SEGUNDO, CA 90245

**Current Mailing Address:**

1990 E. GRAND AVE.  
EL SEGUNDO, CA 90245 US

**FEI Number: 84-3015311**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 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            PRESIDENT, DIRECTOR  
Name            CLEM, JOHN R  
Address        1990 E. GRAND AVE.  
City-State-Zip: EL SEGUNDO CA 90245

Title            SECRETARY  
Name            LIPSON, MATTHEW A.  
Address        1990 E. GRAND AVE.  
City-State-Zip: EL SEGUNDO CA 90245

Title            TREASURER, DIRECTOR  
Name            CARBERRY, JEFFREY  
Address        1990 E. GRAND AVE.  
City-State-Zip: EL SEGUNDO CA 90245

Title            DIRECTOR  
Name            MCBRIDE, KENNETH T  
Address        1990 E. GRAND AVE.  
City-State-Zip: EL SEGUNDO CA 90245

*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: MATTHEW A. LIPSON**

**SECRETARY**

**04/27/2022**

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

\_\_\_\_\_  
Date