

| | | | | | | |
|--|-------------------|--|-----------|--|---------|-------------|
| No. C 155658 | | Due no later than Jul 31, 2018 | | 2. Registered Agent and Address (NO PO BOX) | | |
| Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE | | Annual Report Form 1. Mailing Address: Correct in this box if needed. CAREGARD WARRANTY SERVICES, INC. AMANDA GIRARD 1900 CHAMPAGNE BLVD GRAPVINE TX 76051 USA | | CORPORATION SERVICE COMPANY 12550 W EXPLORER DR STE 100 BOISE ID 83713 | | |
| | | | | 3. <u>New</u> Registered Agent Signature:* | | |
| 4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional). | | | | | | |
| Office Held | Name | Street or PO Address | City | State | Country | Postal Code |
| PRESIDENT | GUY D KOENIG | 1900 CHAMPAGNE BLVD | GRAPEVINE | TX | USA | 76051 |
| SECRETARY | PHILLIP E APGAR | 1900 CHAMPAGNE BLVD | GRAPEVINE | TX | USA | 76051-7373 |
| TREASURER | RUSSELL S HOWELLS | 1900 CHAMPAGNE BLVD. | GRAPEVINE | TX | USA | 76051-7373 |
| DIRECTOR | RALPH W BREWER | 1900 CHAMPAGNE BLVD. | GRAPEVINE | TX | USA | 76051-7373 |
| 5. Organized Under the Laws of: TX C 155658 | | 6. Annual Report must be signed.* Signature: Amanda Girard Name (type or print): Amanda Girard Date: 06/06/2018 Title: Senior Accountant | | | | |
| Processed 06/06/2018 | | * Electronically provided signatures are accepted as original signatures. | | | | |