No. C 100241		Due no later than Nov 30, 2017		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. NATIONAL AUTO CARE CORPORATION ROSALIE MACDONALD 440 POLARIS PARKWAY SUITE 250 WESTERVILLE OH 43082		CORPORATION SERVICE COMPANY 12550 W EXPLORER DR STE 100 BOISE ID 83713-3208 3. New Registered Agent Signature:*												
								4. Corporations: Enter	Names and Busine	ess Addresses of Presider	nt, Secretary, and Directors	s. Treasurer (optional).			
								Office Held	Name		Street or PO Address		City	State	Country	Postal Code
DIRECTOR	JORGE GROS	SS	550 SOUTH DIXIE HIGHW	AY SUITE 300	CORAL GABLES	FL	USA	33146								
DIRECTOR	FOREST WE	STER	550 SOUTH DIXIE HIGHW			FL	USA	33146								
DIRECTOR	TROY TEMP		550 SOUTH DIXIE HIGHW			FL	USA	33146								
SECRETARY	DAVID GERS	HMAN	550 SOUTH DIXIE HIGHW	AY SUITE 300		FL	USA	33146								
PRESIDENT	ANTON WANDERON		208 PONTE VEDRA PARK	DRIVE	PONTE VEDRA BEACH	FL	USA	32082								
DIRECTOR	ANTON WANDERON		208		PONTE VEDRA BEACH	FL	USA	32082								
DIRECTOR	DR MARC GRAHAM		2450 SEVERN AVE. SUIT	E 308	METAIRIE	LA	USA	70001								
5. Organized Under the	e Laws of:	6. Annual Report must b	e signed.*													
OH C 100241		Signature: Rosalie MacDonald		Date: 09/25/2017												
		Name (type or print): Rosalie MacDonald			Title: Sr. Compliance Spec.											
Processed 09/25/2017		* Electronically provided	signatures are accepted as	s original signa	itures.											