

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000002108

FILED
Apr 23, 2012
Secretary of State

Entity Name: SUMMERVILLE SENIOR LIVING, INC.

Current Principal Place of Business:

3131 ELLIOTT AVE SUITE 500
SEATTLE, WA 98121

New Principal Place of Business:

Current Mailing Address:

3131 ELLIOTT AVE SUITE 500
SEATTLE, WA 98121

New Mailing Address:

FEI Number: 54-1789198

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY.
1201 HAYS STREET
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: DPCE
Name: COBB, GRANGER
Address: 3131 ELLIOTT AVE SUITE 500
City-St-Zip: SEATTLE, WA 98121 US

Title: SVP
Name: MENDELSON, ERIC
Address: 3131 ELLIOTT AVE SUITE 500
City-St-Zip: SEATTLE, WA 98121 US

Title: SEC
Name: BRANDSTROM, RAYMOND R
Address: 3131 ELLIOTT AVE SUITE 500
City-St-Zip: SEATTLE, WA 98121 US

Title: EVP
Name: HYATT, CHRIS
Address: 3131 ELLIOTT AVENUE, SUITE 500
City-St-Zip: SEATTLE, WA 98121 US

Title: DCFO
Name: BATEMAN, ROBERT C
Address: 3131 ELLIOTT AVENUE, SUITE 500
City-St-Zip: SEATTLE, WA 98121 US

Title: DIRC
Name: BATY, DANIEL R
Address: 3131 ELLIOTT AVENUE, SUITE 500
City-St-Zip: SEATTLE, WA 98121 US

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: ERIC MENDELSON

SVP

04/23/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date