

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 767440

**FILED**  
**Jan 27, 2015**  
**Secretary of State**  
**CC5423894766**

**Entity Name:** CVE MASTER MANAGEMENT COMPANY, INC.

**Current Principal Place of Business:**

3501 WEST DRIVE  
DEERFIELD BCH, FL 33442-2085

**Current Mailing Address:**

3501 WEST DRIVE  
DEERFIELD BCH, FL 33442-2085 US

**FEI Number:** 59-2288465

**Certificate of Status Desired:** Yes

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

CVE MASTER MANAGEMENT COMPANY INC.  
3501 WEST DRIVE  
DEERFIELD BEACH, FL 33442 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:** KELLY O'MEARH HAMPTON

01/27/2015

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title           PRESIDENT  
Name           CAPOBIANCO, DONNA  
Address        3501 WEST DRIVE  
City-State-Zip: DEERFIELD BCH FL 33442-2085

Title           1ST VICE PRESIDENT  
Name           GLICKMAN, DANIEL  
Address        3501 WEST DRIVE  
City-State-Zip: DEERFIELD BCH FL 33442-2085

Title           SECRETARY  
Name           GOLDMAN, GENE  
Address        3501 WEST DRIVE  
City-State-Zip: DEERFIELD BCH FL 33442-2085

Title           TREASURER  
Name           MORSE, BILL  
Address        3501 WEST DRIVE  
City-State-Zip: DEERFIELD BCH FL 33442-2085

Title           2ND VICE PRESIDENT  
Name           ROSENZVEIG, FRED  
Address        3501 WEST DRIVE  
City-State-Zip: DEERFIELD BCH FL 33442-2085

Title           DIRECTOR  
Name           LOBONO, DANIELLE  
Address        3501 WEST DRIVE  
City-State-Zip: DEERFIELD BCH FL 33442-2085

Title           DIRECTOR  
Name           LALIBERTE', PIERRE  
Address        3501 WEST DRIVE  
City-State-Zip: DEERFIELD BCH FL 33442-2085

Title           DIRECTOR  
Name           CIOCCA, DICK  
Address        3501 WEST DRIVE  
City-State-Zip: DEERFIELD BCH FL 33442-2085

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*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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** DONNA CAPOBIANCO

**PRESIDENT**

01/27/2015

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title           DIRECTOR  
Name           ROUTBURG, MICHAEL  
Address        3501 WEST DRIVE  
City-State-Zip: DEERFIELD BCH FL 33442-2085