

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 100745

Entity Name: LEND LEASE (US) CONSTRUCTION INC.**Current Principal Place of Business:**200 PARK AVENUE
9TH FLOOR
NEW YORK, NY 10166**Current Mailing Address:**200 PARK AVENUE
9TH FLOOR
NEW YORK, NY 10166 US**FEI Number:** 56-0315630**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CT CORPORATION SYSTEM
C/O CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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 DIRECTOR, PRESIDENT
Name ARFSTEN, JEFFREY L.
Address 200 PARK AVENUE
9TH FLOOR
City-State-Zip: NEW YORK NY 10166

Title DIRECTOR, CFO
Name BENSON, SIMON
Address 200 PARK AVENUE
9TH FLOOR
City-State-Zip: NEW YORK NY 10166

Title VP
Name ADAMS, GAIL
Address 200 PARK AVENUE
9TH FLOOR
City-State-Zip: NEW YORK NY 10166

Title VP
Name BENNETT, MONICA R.
Address 200 PARK AVENUE
9TH FLOOR
City-State-Zip: NEW YORK NY 10166

Title SENIOR VICE PRESIDENT
Name BERARDI, BRUCE
Address 200 PARK AVENUE
9TH FLOOR
City-State-Zip: NEW YORK NY 10166

Title VP
Name BLAKEY, JOHN
Address 200 PARK AVENUE
9TH FLOOR
City-State-Zip: NEW YORK NY 10166

Title VP
Name CAVE, DON
Address 200 PARK AVENUE
9TH FLOOR
City-State-Zip: NEW YORK NY 10166

Title EXECUTIVE VICE PRESIDENT
Name CONLEY, STEPHEN S.
Address 200 PARK AVENUE
9TH FLOOR
City-State-Zip: NEW YORK NY 10166

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

SIGNATURE: KEVIN M. DAVIS**ASST SECRETARY****04/03/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title ASST SECRETARY
Name DAVIS, KEVIN M.
Address 200 PARK AVENUE
9TH FLOOR
City-State-Zip: NEW YORK NY 10166

Title TREASURER
Name ROBINSON, J. BRAD
Address 2300 YORKMONT ROAD
SUITE 700
City-State-Zip: CHARLOTTE NC 28217

Title SECRETARY
Name GIORDANO, THOMAS V.
Address 200 PARK AVENUE
9TH FLOOR
City-State-Zip: NEW YORK NY 10166