

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 264788

**Entity Name:** CAMPUS LANDS CORP.

**Current Principal Place of Business:**

76 BROOK MEADOW LN  
STANFORDVILLE, NY 12581

**Current Mailing Address:**

POB 370  
STE 370  
STANFORDVILLE, NY 12581 US

**FEI Number:** 59-1009741

**Certificate of Status Desired:** No

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

NRAI SERVICES, INC  
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 CS  
Name GIARDINO, LUCIE  
Address ALGER COURT, RIVERMERE #2B  
City-State-Zip: BRONXVILLE NY 10708

Title PCEO  
Name WECK, BRIAN  
Address POB 370  
City-State-Zip: STANFORDVILLE NY 12581

Title VP  
Name WECK, DIANE  
Address POB 370  
City-State-Zip: STANFORDVILLE NY 12581

Title VP  
Name GIARDINO, CAROL  
Address ALGER COURT, RIVERMERE #2B  
City-State-Zip: BRONXVILLE NY 10708

*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:** BRIAN WECK

**PRESIDENT**

**02/11/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date