

**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# K55698

**FILED**  
**Jan 11, 2018**  
**Secretary of State**  
**CC3419400061**

**Entity Name:** MW INVESTMENT CORP.

**Current Principal Place of Business:**

1001 E ATLANTIC AVE.  
STE. 202  
DELRAY BEACH, FL 33483

**Current Mailing Address:**

1000 MARKET ST  
BLDG 1  
PORTSMOUTH, NH 03801 US

**FEI Number:** 65-0256514

**Certificate of Status Desired:** No

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

CRITCHFIELD, RICHARD H.  
1001 E ATLANTIC AVE SUITE201  
DELRAY BEACH, FL 33483 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 P  
Name WALSH, MARK  
Address 1001 EAST ATLANTIC AVE., STE. 202  
City-State-Zip: DELRAY BEACH FL 33483

Title V  
Name MCMURRAIN, THOMAS T.  
Address 1001 EAST ATLANTIC AVE., STE. 202  
City-State-Zip: DELRAY BEACH FL 33483

Title S  
Name CRITCHFIELD, RICHARD H.  
Address 1001 EAST ATLANTIC AVE., STE. 201  
City-State-Zip: DELRAY BEACH FL 33483

Title V  
Name WALSH, MICHAEL  
Address 1001 E. ATLANTIC AVE. SUITE 202  
City-State-Zip: DELRAY BEACH FL 33483

Title EVP  
Name ADE, RICHARD  
Address 1000 MARKET STREET, SUITE 300  
City-State-Zip: PORTSMOUTH NH 03801

Title V  
Name WALSH, WILLIAM  
Address 1000 MARKET STREET, SUITE 300  
City-State-Zip: PORTSMOUTH NH 03801

*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:** RICHARD ADE

**EVP**

**01/11/2018**

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

\_\_\_\_\_  
Date