

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01000003829

**Entity Name:** TW ACQUISITIONS, INC.

**Current Principal Place of Business:**

4900 N. SCOTTSDALE ROAD  
SUITE 2000  
SCOTTSDALE, AZ 85251

**FILED**  
**Mar 27, 2016**  
**Secretary of State**  
**CC0787161668**

**Current Mailing Address:**

4900 N. SCOTTSDALE ROAD  
SUITE 2000  
SCOTTSDALE, AZ 85251 US

**FEI Number: 65-1067155**

**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            PRESIDENT, DIRECTOR  
Name            STEFFENS, LOUIS E.  
Address        1211 N. WESTSHORE BLVD.  
                  SUITE 512  
City-State-Zip: TAMPA FL 33607

Title            ASST. SECRETARY  
Name            MERRILL, S. TODD  
Address        1211 N. WESTSHORE BLVD.  
                  SUITE 512  
City-State-Zip: TAMPA FL 33607

Title            DIRECTOR, VP  
Name            MILLER, DOUGLAS D.  
Address        1211 N. WESTSHORE BLVD.  
                  SUITE 512  
City-State-Zip: TAMPA FL 33607

Title            CFO, EXECUTIVE VICE PRESIDENT  
Name            CONE, C. DAVID  
Address        4900 N SCOTTSDALE RD  
                  SUITE 2000  
City-State-Zip: SCOTTSDALE AZ 85251

Title            ASST. SECRETARY  
Name            ESTRADA, CAROLINE G.  
Address        4900 N SCOTTSDALE RD  
                  SUITE 2000  
City-State-Zip: SCOTTSDALE AZ 85251

Title            SECRETARY, EXECUTIVE VICE  
                  PRESIDENT, CHIEF LEGAL OFFICER  
Name            SHERMAN, DARRELL C.  
Address        4900 N. SCOTTSDALE ROAD  
                  SUITE 2000  
City-State-Zip: SCOTTSDALE AZ 85251

*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: CAROLINE G ESTRADA**

**ASST. SECRETARY**

**03/27/2016**

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

\_\_\_\_\_  
Date