

**2020 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

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

Title            CFO, VP  
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

Title            DIRECTOR  
Name            KEMPTON, JOHN STEVEN  
Address        551 NORTH CATTLEMEN RD.  
                      SUITE 200  
City-State-Zip: SARASOTA FL 34232

*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**

**06/30/2020**

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

\_\_\_\_\_  
Date