

2014 FLORIDA PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P09000100497

FILED
Apr 02, 2014
Secretary of State
CC4501242656

Entity Name: SWIRE PROPERTIES US INC

Current Principal Place of Business:

501 BRICKELL KEY DR.,
SUITE 600
MIAMI, FL 33131

Current Mailing Address:

501 BRICKELL KEY DR.,
SUITE 600
MIAMI, FL 33131

FEI Number: 27-1494564

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PEARSON, DALIA
501 BRICKELL KEY DR.,
SUITE 600
MIAMI, FL 33131 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: DALIA PEARSON

04/02/2014

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DO, CEO
Name CUBBON, MARTIN
Address 501 BRICKELL KEY DRIVE, SUITE 600
City-State-Zip: MIAMI FL 33131

Title P, AS
Name OWENS, STEPHEN L
Address 501 BRICKELL KEY DR.,
SUITE 600
City-State-Zip: MIAMI FL 33131

Title VP
Name KELLY, J. MEGAN
Address 501 BRICKELL KEY DR.,
SUITE 600
City-State-Zip: MIAMI FL 33131

Title VP
Name AGUILA, MAILE
Address 501 BRICKELL KEY DR.,
SUITE 600
City-State-Zip: MIAMI FL 33131

Title VP
Name GANDOLFO, CHRISTOPHER
Address 501 BRICKELL KEY DR.,
SUITE 600
City-State-Zip: MIAMI FL 33131

Title S, T
Name PEARSON, DALIA
Address 501 BRICKELL KEY DR.,
SUITE 600
City-State-Zip: MIAMI FL 33131

Title AS
Name MCMAN, BEVERLEY
Address 501 BRICKELL KEY DR.,
SUITE 600
City-State-Zip: MIAMI FL 33131

Title VP
Name AGUILA, MAILE
Address 501 BRICKELL KEY DR., SUITE 600
City-State-Zip: MIAMI FL 33189

Continues on page 2

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: STEPHEN L OWENS

PRESIDENT

04/02/2014

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DO, VP
Name GANDOLFO, CHRISTOPHER
Address 501 BRICKELL KEY DR., SUITE 600
City-State-Zip: MIAMI FL 33131