2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000100497

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:

CHU, LINDA 501 BRICKELL KEY DR., SUITE 600

MIAMI, FL 33131 US

City-State-Zip:

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: LINDA CHU 04/26/2016

Electronic Signature of Registered Agent Date

Title

VP, DIRECTOR

Officer/Director Detail:

Title CEO, DIRECTOR, CHAIRMAN Title PRESIDENT, ASST. SECRETARY,

Name BRADLEY, GUY DIRECTOR

Name OWENS, STEPHEN L
Address 501 BRICKELL KEY DR.,

SUITE 600 Address 501 BRICKELL KEY DR.,

MIAMI FL 33131

City-State-Zip: MIAMI FL 33131

Title DIRECTOR, VP Title ASST. SECRETARY

Name GANDOLFO, CHRISTOPHER

Name MCMAIN, BEVERLEY

Address 501 BRICKELL KEY DR..

SUITE 600 Address 501 BRICKELL KEY DR.,

City-State-Zip: MIAMI FL 33131

City-State-Zip: MIAMI FL 33131

Title VP

Name AGUILA, MAILE Name CHU, LINDA

Address 501 BRICKELL KEY DR., SUITE 600
Address 501 BRICKELL KEY DR.,

City-State-Zip: MIAMI FL 33189 SUITE 600

City-State-Zip: MIAMI FL 33131

Title VP, DIRECTOR

Name CORTABARRIA, GONZALO

Address 501 BRICKELL KEY DR.,

SUITE 600

City-State-Zip: MIAMI FL 33131

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: LINDA CHU CFO 04/26/2016

FILED Apr 26, 2016

Secretary of State

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