

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P13000102295

Entity Name: PIERHOUSE CHANNELSIDE, INC.

FILED
Apr 14, 2016
Secretary of State
CC3331759088

Current Principal Place of Business:

1801 HERMITAGE BLVD
SUITE 100
TALLAHASSEE, FL 32308

Current Mailing Address:

191 N WACKER DRIVE
SUITE 2500
CHICAGO, IL 60606 US

FEI Number: 46-4757815

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
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 D
Name SPOOK, STEPHEN A
Address 1801 HERMITAGE BLVD
City-State-Zip: TALLAHASSEE FL 32308

Title D
Name TAYLOR, E. LAMAR
Address 1801 HERMITAGE BLVD
City-State-Zip: TALLAHASSEE FL 32308

Title D
Name HAZEN, MAUREEN M
Address 1801 HERMITAGE BLVD
City-State-Zip: TALLAHASSEE FL 32308

Title P
Name TOGNARELLI, MAURY R
Address 191 N WACKER DRIVE
SUITE 2500
City-State-Zip: CHICAGO IL 60606

Title VS
Name MCCARTHY, THOMAS D
Address 191 N WACKER DRIVE
SUITE 2500
City-State-Zip: CHICAGO IL 60606

Title VP
Name RANCK, THERESA
Address 191 N WACKER DRIVE
SUITE 2500
City-State-Zip: CHICAGO IL 60606

Title VT
Name CHRISTENSEN, LAWRENCE J
Address 191 N WACKER DRIVE
SUITE 2500
City-State-Zip: CHICAGO IL 60606

Title VAT
Name GRAY, LYNNE M
Address 1801 HERMITAGE BLVD
SUITE 100
City-State-Zip: TALLAHASSEE FL 32308

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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: THOMAS D. MCCARTHY

VP & SECRETARY

04/14/2016

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title VAS
Name PROCTOR, TOM
Address 1801 HERMITAGE BLVD
SUITE 100
City-State-Zip: TALLAHASSEE FL 32308