2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2014
Secretary of State
CC8774742076

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Entity Name: DIAMOND RESORTS INTERNATIONAL CLUB, INC.

Current Principal Place of Business:

10600 W. CHARLESTON BLVD.
LAS VEGAS, NV 89135

Current Mailing Address:

10600 W. CHARLESTON BLVD.
LAS VEGAS, NV 89135 US

FEI Number: 59-3510037

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	PRES/CEO
Name	PALMER, DAVID F
Address	10600 W. CHARLESTON BLVD.
City-State-Zip:	LAS VEGAS NV 89135

Title	VP
Name	WOMER, DAVID
Address	10600 W. CHARLESTON BLVD.
City-State-Zip:	LAS VEGAS NV 89135

Title	ASST. SEC
Name	LANZNAR, HOWARD
Address	10600 W. CHARLESTON BLVD.
City-State-Zip:	LAS VEGAS NV 89135

Title	ASST. SEC
Name	LANZNAR, HOWARD
Address	10600 W. CHARLESTON BLVD.
City-State-Zip:	LAS VEGAS NV 89135

Title	CFO
Name	BENTLEY, C. ALAN
Address	10600 W. CHARLESTON BLVD.
City-State-Zip:	LAS VEGAS NV 89135

Title	TREAS
Name	HUANG, YANNA
Address	10600 W. CHARLESTON BLVD.
City-State-Zip:	LAS VEGAS NV 89135

Title	SEC/DIR
Name	FINKELSTEIN, JARED
Address	10600 W. CHARLESTON BLVD.
City-State-Zip:	LAS VEGAS NV 89135

Title	VP
Name	HULME, SARAH
Address	10600 W. CHARLESTON BLVD.
City-State-Zip:	LAS VEGAS NV 89135

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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: JARED FINKELSTEIN SECRETARY 04/25/2014

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	HOLMES, KEITH
Address	10600 W. CHARLESTON BLVD.
City-State-Zip:	LAS VEGAS NV 89135

Title	ASST SEC
Name	OLSANSKY, MICHAEL
Address	10600 W. CHARLESTON BLVD.
City-State-Zip:	LAS VEGAS NV 89135

Title	DIRECTOR
Name	GANN, LISA
Address	10600 W. CHARLESTON BLVD.
City-State-Zip:	LAS VEGAS NV 89135

Title	ASST SEC
Name	SHALMY, MICHAEL
Address	10600 W. CHARLESTON BLVD.
City-State-Zip:	LAS VEGAS NV 89135