

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000009626

Entity Name: DELTA RESOURCES CORP.**Current Principal Place of Business:**18500 NORTH ALLIED WAY
PHOENIX, AZ 85054**Current Mailing Address:**18500 NORTH ALLIED WAY
PHOENIX, AZ 85054 US**FEI Number:** 65-0891249**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 VP
Name ARK, JON VANDER
Address 18500 NORTH ALLIED WAY
City-State-Zip: PHOENIX AZ 85054

Title DIRECTOR, VP
Name DELGHIACCIO, BRIAN M.
Address 18500 NORTH ALLIED WAY
City-State-Zip: PHOENIX AZ 85054

Title VP
Name AMICK, JAMEY
Address 323 MARBLE MILL ROAD
City-State-Zip: MARIETTA GA 30060

Title VP, ASST. SECRETARY
Name BENTER, TIM M.
Address 18500 NORTH ALLIED WAY
City-State-Zip: PHOENIX AZ 85054

Title PRESIDENT, DIRECTOR
Name CLATT, MARK R
Address 18500 NORTH ALLIED WAY
City-State-Zip: PHOENIX AZ 85054

Title DIRECTOR
Name GOEBEL, BRIAN A.
Address 18500 NORTH ALLIED WAY
City-State-Zip: PHOENIX AZ 85054

Title VP
Name BALES, BRIAN A.
Address 18500 NORTH ALLIED WAY
City-State-Zip: PHOENIX AZ 85054

Title VP
Name CABBIL, NATHAN
Address 18500 NORTH ALLIED WAY
City-State-Zip: PHOENIX AZ 85054

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: EILEEN B. SCHULER**SECRETARY****04/12/2016**_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title VP, ASST. SECRETARY
Name EGGLESTON, W. T. JR.
Address 18500 NORTH ALLIED WAY
City-State-Zip: PHOENIX AZ 85054

Title VP, ASST. SECRETARY
Name RISSMAN, MICHAEL P.
Address 18500 NORTH ALLIED WAY
City-State-Zip: PHOENIX AZ 85054

Title VP, ASST. SECRETARY
Name SWEET, ANDREW J.
Address 18500 NORTH ALLIED WAY
City-State-Zip: PHOENIX AZ 85054

Title SECRETARY
Name SCHULER, EILEEN B.
Address 18500 NORTH ALLIED WAY
City-State-Zip: PHOENIX AZ 85054

Title VP
Name OLSON, JAMES H.
Address 18500 NORTH ALLIED WAY
City-State-Zip: PHOENIX AZ 85054

Title VP
Name STUART, TIMOTHY E.
Address 18500 NORTH ALLIED WAY
City-State-Zip: PHOENIX AZ 85054

Title VP, TAX
Name FOCAZIO, LAWRENCE
Address 18500 NORTH ALLIED WAY
City-State-Zip: PHOENIX AZ 85054

Title TREASURER
Name LACY, MARSHA A.
Address 18500 NORTH ALLIED WAY
City-State-Zip: PHOENIX AZ 85054