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

FILED Apr 12, 2016

Secretary of State

CC6902623138

Officer/Director Detail:

Title VP Title PRESIDENT, DIRECTOR

Name ARK, JON VANDER Name CLATT, MARK R

Address 18500 NORTH ALLIED WAY Address 18500 NORTH ALLIED WAY

City-State-Zip: PHOENIX AZ 85054 City-State-Zip: PHOENIX AZ 85054

Title DIRECTOR, VP Title DIRECTOR

Name DELGHIACCIO, BRIAN M. Name GOEBEL, BRIAN A.

Address 18500 NORTH ALLIED WAY Address 18500 NORTH ALLIED WAY

City-State-Zip: PHOENIX AZ 85054 City-State-Zip: PHOENIX AZ 85054

Title VP Title VP

Name AMICK, JAMEY Name BALES, BRIAN A.

Address 323 MARBLE MILL ROAD Address 18500 NORTH ALLIED WAY

City-State-Zip: MARIETTA GA 30060 City-State-Zip: PHOENIX AZ 85054

Title VP, ASST. SECRETARY Title VP

Name BENTER, TIM M. Name CABBIL, NATHAN

Address 18500 NORTH ALLIED WAY Address 18500 NORTH ALLIED WAY

City-State-Zip: PHOENIX AZ 85054 City-State-Zip: PHOENIX AZ 85054

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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: EILEEN B. SCHULER SECRETARY 04/12/2016

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued:

Title VP, ASST. SECRETARY Title VP

Name EGGLESTON, W. T. JR. Name OLSON, JAMES H.

Address 18500 NORTH ALLIED WAY Address 18500 NORTH ALLIED WAY

City-State-Zip: PHOENIX AZ 85054 City-State-Zip: PHOENIX AZ 85054

Title VP, ASST. SECRETARY Title VP

Name RISSMAN, MICHAEL P. Name STUART, TIMOTHY E.

Address 18500 NORTH ALLIED WAY Address 18500 NORTH ALLIED WAY

City-State-Zip: PHOENIX AZ 85054 City-State-Zip: PHOENIX AZ 85054

Title VP, ASST. SECRETARY Title VP, TAX

Name SWEET, ANDREW J. Name FOCAZIO, LAWRENCE

Address 18500 NORTH ALLIED WAY Address 18500 NORTH ALLIED WAY

City-State-Zip: PHOENIX AZ 85054 City-State-Zip: PHOENIX AZ 85054

Title SECRETARY Title TREASURER

Name SCHULER, EILEEN B. Name LACY, MARSHA A.

Address 18500 NORTH ALLIED WAY Address 18500 NORTH ALLIED WAY

City-State-Zip: PHOENIX AZ 85054 City-State-Zip: PHOENIX AZ 85054