

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P99000068517

**FILED**  
**Apr 03, 2013**  
**Secretary of State**  
**CC8796795377**

**Entity Name:** DELTA SITE DEVELOPMENT 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:** 65-0936999

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND RD.  
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           DIRECTOR, PRESIDENT  
Name           BOUCHER, ROBERT  
Address        18500 NORTH ALLIED WAY  
City-State-Zip: PHOENIX AZ 85054

Title           DIRECTOR, TREASURER, VP,  
FINANCE  
Name           LANG, EDWARD A. III  
Address        18500 NORTH ALLIED WAY  
City-State-Zip: PHOENIX AZ 85054

Title           DIRECTOR  
Name           SERIANNI, CHARLES F.  
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, ASSISTANT SECRETARY  
Name           BENTER, TIM M.  
Address        18500 NORTH ALLIED WAY  
City-State-Zip: PHOENIX AZ 85054

Title           VP, ASSISTANT SECRETARY  
Name           EGGLESTON, W. T. JR  
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, ASSISTANT SECRETARY  
Name           RISSMAN, MICHAEL P.  
Address        18500 NORTH ALLIED WAY  
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**

**04/03/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

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

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