2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000068517

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

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD. PLANTATION, FL 33324 US Certificate of Status Desired: No

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

Officer/Director Detail :

Title	TREASURER	Title	ASSISTANT SECRETARY
Name	BOYD, CALVIN R.	Name	THOMSON, JENNIFER L.
Address	18500 NORTH ALLIED WAY	Address	18500 NORTH ALLIED WAY
City-State-Zip:	PHOENIX AZ 85054	City-State-Zip:	PHOENIX AZ 85054
Title	ASSISTANT SECRETARY	Title	ASSISTANT SECRETARY
Name	NICKERSON, JOHN B.	Name	WILHOIT, ADRIENNE W.
Address	18500 NORTH ALLIED WAY	Address	18500 NORTH ALLIED WAY
City-State-Zip:	PHOENIX AZ 85054	City-State-Zip:	PHOENIX AZ 85054
Title Name Address City-State-Zip:	SECRETARY SCHULER, EILEEN B. 18500 NORTH ALLIED WAY PHOENIX AZ 85054	Title Name Address City-State-Zip:	VP, TAX FOCAZIO, LAWRENCE D. 18500 NORTH ALLIED WAY PHOENIX AZ 85054
Title Name Address City-State-Zip:	VP THOMSON, JENNIFER L. 18500 NORTH ALLIED WAY PHOENIX AZ 85054	Title Name Address City-State-Zip:	VP NICKERSON, JOHN B. 18500 NORTH ALLIED WAY 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

04/18/2021

Electronic Signature of Signing Officer/Director Detail

FILED Apr 18, 2021 Secretary of State 0480318577CC

Date

Officer/Director Detail Continued :

Title	VP	Title	VP
Name	WILHOIT, ADRIENNE W.	Name	SCHULER, EILEEN B.
Address	18500 NORTH ALLIED WAY	Address	18500 NORTH ALLIED WAY
City-State-Zip:	PHOENIX AZ 85054	City-State-Zip:	PHOENIX AZ 85054
Title	PRESIDENT	Title	DIRECTOR
Title Name	PRESIDENT BOYER, ROBERT B.	Title Name	DIRECTOR GOEBEL, BRIAN A.
Name	BOYER, ROBERT B.	Name	GOEBEL, BRIAN A.