2018 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	DIRECTOR	Title	PRESIDENT
Name	GOEBEL, BRIAN A.	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
Title	VP	Title	VP, ASSISTANT SECRETARY
Name	BENTER, TIM M.	Name	KORT, MYNDI M.
Address	18500 NORTH ALLIED WAY	Address	18500 NORTH ALLIED WAY
City-State-Zip:	PHOENIX AZ 85054	City-State-Zip:	PHOENIX AZ 85054
Title		Title	VP
nue	VP, ASSISTANT SECRETARY	Thue	VF
Name	NICKERSON, JOHN	Name	SCHULER, EILEEN B.
Name Address	NICKERSON, JOHN	Name	SCHULER, EILEEN B.
Name Address	NICKERSON, JOHN 18500 NORTH ALLIED WAY	Name Address	SCHULER, EILEEN B. 18500 NORTH ALLIED WAY
Name Address City-State-Zip:	NICKERSON, JOHN 18500 NORTH ALLIED WAY PHOENIX AZ 85054	Name Address City-State-Zip:	SCHULER, EILEEN B. 18500 NORTH ALLIED WAY PHOENIX AZ 85054
Name Address City-State-Zip: Title	NICKERSON, JOHN 18500 NORTH ALLIED WAY PHOENIX AZ 85054 SECRETARY	Name Address City-State-Zip: Title	SCHULER, EILEEN B. 18500 NORTH ALLIED WAY PHOENIX AZ 85054 VP, ASSISTANT SECRETARY
Name Address City-State-Zip: Title Name	NICKERSON, JOHN 18500 NORTH ALLIED WAY PHOENIX AZ 85054 SECRETARY SCHULER, EILEEN B. 18500 NORTH ALLIED WAY	Name Address City-State-Zip: Title Name	SCHULER, EILEEN B. 18500 NORTH ALLIED WAY PHOENIX AZ 85054 VP, ASSISTANT SECRETARY ULREICH-POWER, THOMAS

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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

04/12/2018

Electronic Signature of Signing Officer/Director Detail

FILED Apr 12, 2018 Secretary of State CC0787060764

Date

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Date

Officer/Director Detail Continued :

Title	VP, ASSISTANT SECRETARY	Title	VP, TAX
Name	WILHOIT, ADRIENNE W.	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

TREASURER
BOYD, CALVIN R.
18500 NORTH ALLIED WAY

City-State-Zip: PHOENIX AZ 85054