

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# S32731

**Entity Name:** SCHOFIELD CORPORATION OF ORLANDO

**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:** 59-3047860

**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 DIRECTOR, EXECUTIVE VICE  
PRESIDENT  
Name BOUCHER, ROBERT  
Address 18500 NORTH ALLIED WAY  
City-State-Zip: PHOENIX AZ 85054

Title DIRECTOR, TREASURER  
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 PRESIDENT  
Name PERKO, JACK  
Address 3351 HIGHWAY 51  
City-State-Zip: FORT MILL SC 29715

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 KING, ANDREW  
Address 8619 WESTERN WAY  
City-State-Zip: JACKSONVILLE FL 32256

**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**

**04/03/2013**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

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

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 ASSISTANT TREASURER  
Name LACY, MARSHA A.  
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

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

Title ASSISTANT SECRETARY  
Name GRAHAM, MARK  
Address 3351 HIGHWAY 51  
City-State-Zip: FORT MILL SC 29715