

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000034908

Entity Name: MOTT MACDONALD FLORIDA, LLC

Current Principal Place of Business:

5222 NORTH 12TH AVENUE
PENSACOLA, FL 32513

Current Mailing Address:

5222 NORTH 12TH AVENUE
PENSACOLA, FL 32513 US

FEI Number: 59-1294824

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 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

Authorized Person(s) Detail :

Title ASST. SECRETARY
Name WHITE, DAVID P.
Address 4301 HACIENDA DRIVE
SUITE 300
City-State-Zip: PLEASANTON CA 94588

Title MGR
Name JARMAN, THOMAS
Address 220 WEST GARDEN STREET
SUITE 700
City-State-Zip: PENSACOLA FL 32502

Title MGR
Name HOWELLS, KEITH J
Address 111 WOOD AVENUE SOUTH
5TH FLOOR
City-State-Zip: ISELIN NJ 08830-4112

Title MGR
Name DENICHILO, NICHOLAS M
Address 111 WOOD AVENUE SOUTH 5TH
FLOOR
City-State-Zip: ISELIN NJ 08830-4112

Title VP
Name BENINATO, ALBERT N.
Address 111 WOOD AVENUE SOUTH
5TH FLOOR
City-State-Zip: ISELIN NJ 08830-4112

Title VP
Name BROUSSARD, MICHAEL
Address 650 POYDRAS STREET
SUITE 2025
City-State-Zip: NEW ORLEANS LA 70130

Title VP
Name WALKER, RICHARD LOWRY II
Address 10333 RICHMOND AVENUE
SUITE 325
City-State-Zip: HOUSTON TX 77042

Title SECRETARY
Name WHITE, DAVID P.
Address 4301 HACIENDA DRIVE
SIOTE 300
City-State-Zip: PLEASANTON CA 94588

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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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: NICHOLAS M. DENICHILO

**AUTHORIZED
REPRESENTATIVE**

04/27/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued :

Title ASST. SECRETARY
Name GENNARO, MICHAEL M.
Address 111 WOOD AVENUE SOUTH
5TH FLOOR
City-State-Zip: ISELIN NJ 08830-4112

Title MANAGER
Name LEONARD, GUY
Address 111 WOOD AVENUE SOUTH
5TH FLOOR
City-State-Zip: ISELIN NJ 08830-4112

Title ASSISTANT VICE PRESIDENT
Name JARMAN, THOMAS
Address 111 WOOD AVENUE SOUTH
5TH FLOOR
City-State-Zip: ISELIN NJ 08830-4112

Title MANAGER
Name STOVELL, KEVIN
Address 5222 NORTH 12TH AVENUE
City-State-Zip: PENSACOLA FL 32513

Title TREASURER
Name HILLA, JEFFREY T.
Address 111 WOOD AVENUE SOUTH
5TH FLOOR
City-State-Zip: ISELIN NJ 08830-4112

Title MANAGER
Name FAIRCLOTH, BYRON
Address 1232 JACKSON AVENUE
City-State-Zip: CHIPLEY FL 32428

Title VP
Name FRITZ, ROBERT
Address 111 WOOD AVENUE SOUTH
5TH FLOOR
City-State-Zip: ISELIN NJ 08830-4112

Title MANAGER
Name BAXLEY, CHARLES
Address 5222 NORTH 12TH AVENUE
City-State-Zip: PENSACOLA FL 32513