

**2017 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M0200000468

**Entity Name:** PALM COAST DATA LLC

**Current Principal Place of Business:**

11 COMMERCE BLVD.  
PALM COAST, FL 32164

**Current Mailing Address:**

11 COMMERCE BLVD.  
PALM COAST, FL 32164

**FEI Number:** 02-0543850

**Certificate of Status Desired:** No

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

NATIONAL CORPORATE RESEARCH,LTD.,INC.  
115 NORTH CALHOUN ST.  
SUITE 4  
TALLAHASSEE, FL 32302 US

**FILED**  
**Mar 30, 2017**  
**Secretary of State**  
**CC9088581713**

*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 VP, TREASURER  
Name WISNIEWSKI, ROBERT  
Address 620 WEST GERMANTOWN PIKE  
SUITE 175  
City-State-Zip: PLYMOUTH MEETING PA 19462

Title PRESIDENT, CEO  
Name BURKE, RORY  
Address 11 COMMERCE BLVD.  
City-State-Zip: PALM COAST FL 32164

Title VP, SECRETARY  
Name VITALE, CHRISTOPHER V  
Address 620 WEST GERMANTOWN PIKE  
SUITE 175  
City-State-Zip: PLYMOUTH MEETING PA 19462

Title ASST. TREASURER  
Name MARTIN, CLIFFORD  
Address 620 WEST GERMANTOWN PIKE  
SUITE 175  
City-State-Zip: PLYMOUTH MEETING PA 19462

Title CONTROLLER, ASST. SECRETARY  
Name GORDON, NEIL  
Address 11 COMMERCE BLVD.  
City-State-Zip: PALM COAST FL 32164

Title VP  
Name MARTIN, BRIAN  
Address 11 COMMERCE BLVD.  
City-State-Zip: PALM COAST FL 32164

Title VP  
Name BLUMENFELD, GARY  
Address 11 COMMERCE BLVD.  
City-State-Zip: PALM COAST FL 32164

Title VP  
Name WRIGHT, PAUL  
Address 11 COMMERCE BLVD.  
City-State-Zip: PALM COAST FL 32164

**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 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:** CLIFFORD MARTIN

**ASST. TREASURER**

**03/30/2017**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date

**Authorized Person(s) Detail Continued :**

Title VP  
Name GARRISON, JILL  
Address 11 COMMERCE BLVD.  
City-State-Zip: PALM COAST FL 32164

Title VP  
Name MACDONALD, KEITH  
Address 11 COMMERCE BLVD.  
City-State-Zip: PALM COAST FL 32164

Title VP  
Name BRADLEY, JAMES  
Address 11 COMMERCE BLVD.  
City-State-Zip: PALM COAST FL 32164