

2021 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M05000002530

Entity Name: ORLANDO DESIGN CENTER LLC

Current Principal Place of Business:

225 W. WASHINGTON ST.
INDIANAPOLIS, IN 46204

Current Mailing Address:

225 W. WASHINGTON ST.
C/O CORPORATE PARALEGAL
INDIANAPOLIS, IN 46204

FEI Number: 20-2528849

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

Authorized Person(s) Detail :

Title MGRM
Name ORLANDO OUTLET & DESIGN OWNER LLC
Address 225 W. WASHINGTON ST.
City-State-Zip: INDIANALPOLIS IN 46204

Title VP
Name BROAS, MATTHEW J
Address 225 W. WASHINGTON STREET
City-State-Zip: INDIANAPOLIS IN 46204

Title SECRETARY
Name FIVEL, STEVEN E
Address 225 W WASHINGTON STREET
City-State-Zip: IIANAPOLIS IN 46204

Title ASST. SECRETARY
Name GUGIG, DARRYL E
Address 225 W. WASHINGTON ST.
City-State-Zip: INDIANAPOLIS IN 46204

Title VP, TREASURER
Name MCDADE, BRIAN
Address 225 W. WASHINGTON ST.
City-State-Zip: INDIANAPOLIS IN 46204

Title VP
Name RULLI, JOHN
Address 225 W. WASHINGTON ST.
City-State-Zip: INDIANAPOLIS IN 46204

Title EVPCOO
Name SILVESTRI, MARK
Address 225 W. WASHINGTON ST.
City-State-Zip: INDIANAPOLIS IN 46204

Title COB
Name SIMON, DAVID
Address 225 W. WASHINGTON STREET
City-State-Zip: INDIANAPOLIS IN 46204

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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: STEVEN E. FIVEL

SECRETARY

04/26/2021

Electronic Signature of Signing Authorized Person(s) Detail

_____ Date

Authorized Person(s) Detail Continued :

Title ASST. SECRETARY
Name SNYDER, ALEXANDER LW
Address 225 W WASHINGTON ST., PO BOX 703
City-State-Zip: INDIANAPOLIS IN 46204

Title VP
Name THYGESEN, MIKAEL
Address 225 W. WASHINGTON ST.
City-State-Zip: INDIANAPOLIS IN 46204

Title VP
Name WEINSTEIN, LAWRENCE
Address 225 W. WASHINGTON ST.
City-State-Zip: INDIANAPOLIS IN 46204