

**2016 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F08000004180

Entity Name: ACG ORLANDO, INC.

**Current Principal Place of Business:**

125 S. WACKER DRIVE  
SUITE 3100  
CHICAGO, IL 60606

**FILED**  
**Apr 29, 2016**  
**Secretary of State**  
**CC4177408860**

**Current Mailing Address:**

70 W. MADISON STREET, SUITE 3500  
C/O JAMES T. EASTERLING  
CHICAGO, IL 60606 US

**FEI Number: 26-3417421**

**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

**Officer/Director Detail :**

Title VICE PRESIDENT-MEMBERSHIP  
Name RODITES, NICK  
Address 109 E. CHURCH ST.  
City-State-Zip: ORLANDO FL 32801

Title PRESIDENT  
Name RUBIN, STEFAN  
Address 300 N. ORANGE BLOSSOM TRAIL  
City-State-Zip: ORLANDO FL 32801

Title DIRECTOR  
Name REINERT, PETER  
Address 215 NORTH EOLA DRIVE  
City-State-Zip: ORLANDO FL 32802

Title AWARDS CHAIR  
Name SLAPPEY, RUSSELL  
Address 5971 BRICK COURT  
SUITE 100  
City-State-Zip: WINTER PARK FL 32792

Title DIRECTOR  
Name IRISH, REBECCA  
Address 1964 HOWELL BRANCH ROAD, SUITE  
205  
City-State-Zip: WIINTER PARK FL 32792

Title DIRECTOR  
Name SIMON, DAVID  
Address 109 E. CHURCH STREET  
City-State-Zip: ORLANDO FL 32801

Title DIRECTOR  
Name LEE, ROBERT  
Address 111 N. ORANGE AVENUE  
SUITE 1800  
City-State-Zip: ORLANDO FL 32801

Title DIRECTOR  
Name POOLE, MICHAEL  
Address 200 E. NEW ENGLAND AVE.  
SUITE 400  
City-State-Zip: WIINTER PARK FL 32789

**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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: STEFAN RUBIN**

**PRESIDENT**

**04/29/2016**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title           TREASURER  
Name           MARSHALL, PHILIP  
Address        174 W. COMSTOCK AVENUE  
                  SUITE 209  
City-State-Zip: WINTER PARK FL 32789

Title           DIRECTOR  
Name           ABRAMSON, SUZAN  
Address        200 SOUTH ORANGE AVENUE  
                  SUITE 2900  
City-State-Zip: ORLANDO FL 32801

Title           DIRECTOR  
Name           MAHAFFEY, RYAN  
Address        420 SOUTH ORANGE AVENUE  
                  SUITE 150  
City-State-Zip: ORLANDO FL 32801

Title           DIRECTOR  
Name           ROOFNER, TY  
Address        369 N. NEW YORK AVENUE  
                  300  
City-State-Zip: WINTER PARK FL 32789

Title           DIRECTOR  
Name           CARLSON, ERIC P.  
Address        390 N. ORANGE AVENUE  
                  1875  
City-State-Zip: ORLANDO FL 32801

Title           DIRECTOR  
Name           RUSSELL, WILLIAM T.  
Address        800 MAGNOLIA AVENUE  
                  1700  
City-State-Zip: ORLANDO FL 32801

Title           DIRECTOR  
Name           DURKEE, TOM  
Address        1417E. CONCORD STREET  
City-State-Zip: ORLANDO FL 32803

Title           SECRETARY  
Name           LEE, ANDY  
Address        200 SOUTH ORANGE AVE.  
                  5TH FLOOR  
City-State-Zip: ORLANDO FL 32801

Title           VICE PRESIDENT-SPONSORSHIP  
Name           POWELL, RICHARD  
Address        6000 METROWEST BLVD.  
                  SUITE 208  
City-State-Zip: ORLANDO FL 32835

Title           DIRECTOR  
Name           SPOONER, JENNIFER  
Address        201 S. ORANGE AVE.  
                  SUITE 800  
City-State-Zip: ORLANDO FL 32801

Title           DIRECTOR  
Name           DAKE, KRIS  
Address        20 N. ORANGE AVENUE  
City-State-Zip: ORLANDO FL 32801

Title           DIRECTOR  
Name           GOLDSMITH , JAMES F.  
Address        420 S. ORANGE AVENUE  
                  1200  
City-State-Zip: ORLANDO FL 32801