

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

DOCUMENT# P17954

**Entity Name:** ATP TOUR, INC.

**Current Principal Place of Business:**

201 ATP TOUR BLVD  
PONTE VEDRA BEACH, FL 32082

**Current Mailing Address:**

201 ATP TOUR BLVD  
PONTE VEDRA BEACH, FL 32082 US

**FEI Number:** 95-2833251

**Certificate of Status Desired:** No

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

SMITH HULSEY & BUSEY  
225 WATER STREET  
SUITE 1800  
JACKSONVILLE, FL 32202 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           PRESIDENT & CHAIRMAN  
Name           KERMODE, CHRIS  
Address        ATP LONDON OFFICE  
                  PALLISER HOUSE, PALLISER RD  
City-State-Zip: LONDON W14 9EB

Title           COO, CFO & TREASURER  
Name           GALLOWAY, PHILIP B  
Address        704 SHIPWATCH DRIVE EAST  
City-State-Zip: JACKSONVILLE FL 32225

Title           CEO - AMERICAS, CHIEF LEGAL &  
                  MEDIA OFFICER & SECRETARY  
Name           YOUNG, MARK V  
Address        937 SHIPWATCH DRIVE  
City-State-Zip: JACKSONVILLE FL 32225

Title           DIRECTOR  
Name           FORBES, GAVIN  
Address        1360 E 9TH ST, SUITE 100  
City-State-Zip: CLEVELAND OH 44114

Title           DIRECTOR  
Name           SMITH, CHARLES  
Address        3003 W SHANGHAI CENTRE, 1376  
                  NANJING RD  
City-State-Zip: SHANGHAI, CHINA 20004

Title           DIRECTOR  
Name           EGDES, DAVID  
Address        2850 OCEAN PARK BLVD  
City-State-Zip: SANTA MONICA CA 90405

Title           DIRECTOR  
Name           DI PALERMO, GIORGIO  
Address        VIA PENNESTRI 7  
City-State-Zip: ROMA 00135

Title           DIRECTOR  
Name           GIMELSTOB, JUSTIN  
Address        705 SAN LORENZO ST  
City-State-Zip: SANTA MONICA CA 90402

**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:** JEFFREY T. REEL

**ASSISTANT SECRETARY**   09/20/2016

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title            DIRECTOR  
Name            WEBSTER, MARK  
Address        GARFIELD HOUSE, 2ND FLOOR  
                 86-88 EDGWARE RD  
City-State-Zip: LONDON W2 2EA

Title            ASST. SECRETARY  
Name            REEL, JEFFREY T.  
Address        217 SHELL BLUFF COURT  
City-State-Zip: PONTE VEDRA BEACH FL 32082