

**2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F03000003616

**Entity Name:** HOLLIDAY GP CORP.

**Current Principal Place of Business:**

ONE OXFORD CENTRE  
301 GRANT STREET SUITE 1100  
PITTSBURGH, PA 15219

**Current Mailing Address:**

301 GRANT STREET  
ONE OXFORD CENTRE, SUITE 1100  
PITTSBURGH, PA 15219 US

**FEI Number:** 27-0057192

**Certificate of Status Desired:** No

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND RD  
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

**Officer/Director Detail :**

Title            CEO  
Name            GIBSON, MARK  
Address        ONE VICTORY PARK  
                  2323 VICTORY AVENUE SUITE 1200  
City-State-Zip: DALLAS TX 75219

Title            PRESIDENT  
Name            THORNTON, JOE B JR.  
Address        ONE VICTORY PARK  
                  2323 VICTORY AVENUE SUITE 1200  
City-State-Zip: DALLAS TX 75219

Title            SECRETARY  
Name            GOODSON, NANCY  
Address        9 GREENWAY PLAZA  
                  SUITE 700  
City-State-Zip: HOUSTON TX 77046

Title            CFO  
Name            CONLEY, GREGORY R  
Address        ONE OXFORD CENTRE  
                  301 GRANT STREET SUITE 1100  
City-State-Zip: PITTSBURGH PA 15219

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

**SIGNATURE:** GREGORY R CONLEY

CFO

05/10/2019

Electronic Signature of Signing Officer/Director Detail

Date