

**2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F04000005502

**Entity Name:** CLP GP CORP.**Current Principal Place of Business:**450 S ORANGE AVENUE  
ORLANDO, FL 32801-3336**Current Mailing Address:**PO BOX 4920  
ORLANDO, FL 32802-4920**FEI Number:** 20-1674792**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SCARCELLI, LINDA A  
450 S ORANGE AVENUE  
ORLANDO, FL 32801-3336 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	D
Name	SENEFF, JAMES MJR
Address	450 S ORANGE AVENUE
City-State-Zip:	ORLANDO FL 32801-3336

Title	DIRECTOR
Name	SITTEMA, THOMAS K.
Address	450 S ORANGE AVENUE
City-State-Zip:	ORLANDO FL 32801-3336

Title	P
Name	MAULDIN, STEPHEN H
Address	450 S ORANGE AVENUE
City-State-Zip:	ORLANDO FL 32801-3336

Title	TVP
Name	JOHNSON, JOSEPH T
Address	450 S ORANGE AVENUE
City-State-Zip:	ORLANDO FL 32801-3336

Title	AS
Name	PATTERSON, AMY J
Address	450 S. ORANGE AVENUE
City-State-Zip:	ORLANDO FL 32801

Title	S, VP
Name	GREER, HOLLY J.
Address	450 S. ORANGE AVENUE
City-State-Zip:	ORLANDO FL 32801

*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:** HOLLY J. GREER

SR. VICE PRESIDENT

04/08/2015

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