

2013 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	DSVP
Name	YESTER, SHARON A
Address	450 S. ORANGE AVENUE
City-State-Zip:	ORLANDO FL 32801

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: JOSEPH T. JOHNSON**SR. VICE PRESIDENT****03/05/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date