

2016 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 PD
Name MAULDIN, STEPHEN H
Address 450 S ORANGE AVENUE
City-State-Zip: ORLANDO FL 32801-3336

Title TVP
Name TIPTON, TAMMY
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

MANAGER

04/06/2016

Electronic Signature of Signing Officer/Director Detail

Date