

**2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F06000005078

**Entity Name:** MILE HI VALET SERVICE, INC.**Current Principal Place of Business:**ONE PARK PLACE  
SUITE 200  
ANNAPOLIS, MD 21401**Current Mailing Address:**ONE PARK PLACE  
SUITE 200  
ANNAPOLIS, MD 21401 US**FEI Number:** 84-0961184**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
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	DIRECTOR
Name	BERK, MICHAEL
Address	ONE PARK PLACE SUITE 200
City-State-Zip:	ANNAPOLIS MD 21401

Title	DIRECTOR
Name	DEL PAPA, JEFF
Address	ONE PARK PLACE SUITE 200
City-State-Zip:	ANNAPOLIS MD 21401

Title	DIRECTOR, CEO
Name	HESKETT, CHARLES T.
Address	ONE PARK PLACE SUITE 200
City-State-Zip:	ANNAPOLIS MD 21401

Title	SECRETARY
Name	MUKHERJEE, MISTI
Address	ONE PARK PLACE SUITE 200
City-State-Zip:	ANNAPOLIS MD 21401

Title	CFO
Name	NORWICZ, MARK J.
Address	ONE PARK PLACE SUITE 200
City-State-Zip:	ANNAPOLIS MD 21401

*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:** MARK J. NORWICZ

CFO

04/23/2016

Electronic Signature of Signing Officer/Director Detail

Date