

**2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F07000000586

**FILED**  
**Apr 23, 2015**  
**Secretary of State**  
**CC4014986662**

**Entity Name:** TERRAPOINTE SERVICES INC.

**Current Principal Place of Business:**

225 WATER STREET, SUITE 1400  
JACKSONVILLE, FL 32202

**Current Mailing Address:**

225 WATER STREET, SUITE 1400  
JACKSONVILLE, FL 32202 US

**FEI Number:** 06-1158895

**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            PRESIDENT, DIRECTOR  
Name            CORR, CHRISTOPHER T.  
Address        225 WATER STREET, SUITE 1400  
City-State-Zip: JACKSONVILLE FL 32202

Title            VP  
Name            WINER, SCOTT D.  
Address        225 WATER STREET, SUITE 1400  
City-State-Zip: JACKSONVILLE FL 32202

Title            SECRETARY  
Name            VAN TUYL, CHRISTOPHER A.  
Address        225 WATER STREET, SUITE 1400  
City-State-Zip: JACKSONVILLE FL 32202

Title            ASSISTANT SECRETARY  
Name            DAVIS, LAURA L.  
Address        225 WATER STREET, SUITE 1400  
City-State-Zip: JACKSONVILLE FL 32202

Title            TREASURER  
Name            FRICKE, ANDREW K.  
Address        225 WATER STREET, SUITE 1400  
City-State-Zip: JACKSONVILLE FL 32202

Title            DIRECTOR  
Name            MCHUGH, MARK  
Address        225 WATER STREET, SUITE 1400  
City-State-Zip: JACKSONVILLE FL 32202

Title            DIRECTOR  
Name            NUNES, DAVID L.  
Address        225 WATER STREET, SUITE 1400  
City-State-Zip: JACKSONVILLE FL 32202

*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:** LAURA L. DAVIS

**ASSISTANT SECRETARY    04/23/2015**

Electronic Signature of Signing Officer/Director Detail

Date