

**2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F07000004238

**FILED**  
**Apr 09, 2015**  
**Secretary of State**  
**CC7990765073**

**Entity Name:** BRF CORPORATION 2007-A

**Current Principal Place of Business:**

4950 COMMUNICATION WAY, SUITE 900  
BOCA RATON, FL 33431

**Current Mailing Address:**

4950 COMMUNICATION WAY, SUITE900  
BOCA RATON, FL 33431

**FEI Number:** 26-0722825

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 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 P/D  
Name HERZ, ALLAN J  
Address 4690 CONFERENCE WAY  
NORTH,SUITE 100  
City-State-Zip: BOCA RATON FL 33431

Title VPTD  
Name PULEO, ANTHONY M  
Address 4960 CONFERENCE WAY NORTH,  
SUITE 100  
City-State-Zip: BOCA RATON FL 33431

Title VP  
Name PULEO, TERI  
Address 4960 CONFERENCE WAY NORTH,  
SUITE 100  
City-State-Zip: BOCA RATON FL 33431

Title VP  
Name WARDAK, AHMAD  
Address 4960 CONFERENCE WAY NORTH,  
SUITE 100  
City-State-Zip: BOCA RATON FL 33431

Title S  
Name KAMINER, MICHAEL  
Address 4960 CONFERENCE WAY NORTH,  
SUITE 100  
City-State-Zip: BOCA RATON FL 33431

Title D  
Name DREYER, MICHELLE A  
Address 2711 CENTERVILLE ROAD, SUITE 400  
City-State-Zip: WILMINGTON DE 19808

Title VP  
Name STOREY, MARTHA  
Address 4960 CONFERENCE WAY NORTH,  
SUITE 100  
City-State-Zip: BOCA RATON FL 33431

Title VP  
Name HUMPHREY, PAUL  
Address 4960 CONFERENCE WAY NORTH,  
SUITE 100  
City-State-Zip: BOCA RATON FL 33431

*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: MICHAEL KAMINER**

**SECRETARY**

**04/09/2015**

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

\_\_\_\_\_  
Date