

2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F09000001002

Entity Name: LEEWARD STRATEGIC PROPERTIES, INC.**Current Principal Place of Business:**901 MAIN AVENUE
NORWALK, CT 06851**Current Mailing Address:**901 MAIN AVENUE
NORWALK, CT 06851 US**FEI Number: 20-4374248****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 ASSISTANT SECRETARY
Name HAMILTON, KRYSTINA
Address 901 MAIN AVENUE
City-State-Zip: NORWALK CT 06851

Title ASSISTANT SECRETARY
Name TAYLOR, JACQUELINE
Address 901 MAIN AVENUE
City-State-Zip: NORWALK CT 06851

Title TREASURER
Name CHADWICK, ANA
Address 901 MAIN AVENUE
City-State-Zip: NORWALK CT 06851

Title VP, SECRETARY
Name VRON, VICTORIA
Address 901 MAIN AVENUE
City-State-Zip: NORWALK CT 06851

Title VP, DIRECTOR
Name ORTIZ, MARK
Address 901 MAIN AVENUE
City-State-Zip: NORWALK CT 06851

Title VP
Name BORTOLOT, ANNE M.
Address 901 MAIN AVENUE
City-State-Zip: NORWALK CT 06851

Title PRESIDENT
Name CAMERON, GREGORY D.
Address 901 MAIN AVENUE
City-State-Zip: NORWALK CT 06851

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: JACQUELINE TAYLOR**ASSISTANT SECRETARY 04/13/2018**

Electronic Signature of Signing Officer/Director Detail

Date