

2015 FOREIGN PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# F10000001992

Entity Name: EDP HOLDINGS, INC.**Current Principal Place of Business:**300 S. PARK ROAD, SUITE 400
HOLLYWOOD, FL 33021**Current Mailing Address:**ATTN: LEGAL DEPARTMENT
300 S. PARK ROAD, SUITE 400
HOLLYWOOD, FL 33021 US**FEI Number:** 90-0419375**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	DP
Name	SCHILLINGER, DAVID MD
Address	300 S. PARK RD, STE 400
City-State-Zip:	HOLLYWOOD FL 33021
Title	VP, SECRETARY
Name	CRASS, SARAH C.H.
Address	1300 RIVERPLACE BLVD, STE 300
City-State-Zip:	JACKSONVILLE FL 32207
Title	DIRECTOR
Name	MOERSCHEL, GREGORY A.
Address	131 SOUTH DEARBORN ST. STE 2800
City-State-Zip:	CHICAGO IL 60603
Title	TREASURER, VP, CFO
Name	MAFFEI, CHRISTOPHER
Address	300 S. PARK ROAD, SUITE 400
City-State-Zip:	HOLLYWOOD FL 33021

Title	DCEO
Name	SCHILLINGER, JEFFREY MD
Address	300 S. PARK RD, STE 400
City-State-Zip:	HOLLYWOOD FL 33021
Title	DIRECTOR
Name	SHEEHAN, TIMOTHY D.
Address	131 SOUTH DEARBORN ST. STE 2800
City-State-Zip:	CHICAGO IL 60603
Title	DIRECTOR
Name	MAGAS, PETER N.
Address	131 SOUTH DEARBORN ST STE 2800
City-State-Zip:	CHICAGO IL 60603

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: SARAH C.H. CRASS**VICE PRESIDENT****06/30/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date