

2017 FOREIGN PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# F11000001885

Entity Name: MCKIM & CREED, INC.

Current Principal Place of Business:

1730 VARSITY DRIVE, SUITE 500
RALEIGH, NC 27606

Current Mailing Address:

1730 VARSITY DRIVE, SUITE 500
RALEIGH, NC 27606

FEI Number: 56-2136769

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BUSINESS FILINGS INCORPORATED
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 & CEO
Name LUCEY, JOHN T
Address 1730 VARSITY DRIVE, SUITE 500
City-State-Zip: RALEIGH NC 27606

Title SECRETARY
Name MCKIM, HERBERT
Address 243 NORTH FRONT ST
City-State-Zip: WILMINGTON NC 28401

Title SVPD
Name LEE, A. STREET
Address 1365 HAMLET AVENUE
City-State-Zip: CLEARWATER FL 33756

Title VP
Name HALSTEAD, TOM
Address 3802 EHRLICH RD, SUITE 306
City-State-Zip: TAMPA FL 33624

Title CHAIRMAN
Name CREED, MICHAEL W
Address 1730 VARSITY DRIVE, SUITE 500
City-State-Zip: RALEIGH NC 27606

Title VP
Name POLLARD, EDWARD N
Address 1730 VARSITY DRIVE, SUITE 500
City-State-Zip: RALEIGH NC 27606

Title DIRECTOR, DIRECTOR
Name DAY, FRED
Address 1730 VARSITY DRIVE, SUITE 500
City-State-Zip: RALEIGH NC 27606

Title DIRECTOR
Name GARCIA, KEN
Address 1730 VARSITY DRIVE, SUITE 500
City-State-Zip: RALEIGH NC 27606

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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: EDWARD N POLLARD

VP & GENERAL COUNSEL 02/02/2017

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date

Officer/Director Detail Continued :

Title DIRECTOR
Name MULHERN, MARK
Address 1730 VARSITY DRIVE, SUITE 500
City-State-Zip: RALEIGH NC 27606