

2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F11000002259

Entity Name: DIAMOND RESORTS CENTRALIZED SERVICES COMPANY**Current Principal Place of Business:**10600 W CHARLESTON BLVD
LAS VEGAS, NV 89135**Current Mailing Address:**10600 W CHARLESTON BLVD
LAS VEGAS, NV 89135**FEI Number: 82-0554601****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**NRAI SERVICES, INC
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
Name SIEGEL, KENNETH
Address 10600 W CHARLESTON BLVD
City-State-Zip: LAS VEGAS NV 89135

Title ASST. SEC
Name KOTCH, GABRIEL
Address 10600 W CHARLESTON BLVD
City-State-Zip: LAS VEGAS NV 89135

Title SEC/DIR
Name SHALMY, MICHAEL
Address 10600 W CHARLESTON BLVD
City-State-Zip: LAS VEGAS NV 89135

Title DIRECTOR
Name GANN, LISA
Address 10600 W CHARLESTON BLVD
City-State-Zip: LAS VEGAS NV 89135

Title VP
Name WOMER, DAVID
Address 10600 W CHARLESTON BLVD
City-State-Zip: LAS VEGAS NV 89135

Title TRES
Name LUU, LILLIAN
Address 10600 W CHARLESTON BLVD
City-State-Zip: LAS VEGAS NV 89135

Title DIRECTOR
Name HOLMES, KEITH
Address 10600 W CHARLESTON BLVD
City-State-Zip: LAS VEGAS NV 89135

Title ASST SEC
Name OLSANSKY, ALEX
Address 10600 W CHARLESTON BLVD
City-State-Zip: LAS VEGAS NV 89135

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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: MICHAEL SHALMY**SECRETARY****04/28/2017**_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title CFO
Name BENTLEY, C. ALAN
Address 10600 W CHARLESTON BLVD
City-State-Zip: LAS VEGAS NV 89135

Title CEO
Name FLASKEY, MICHAEL
Address 10600 W CHARLESTON BLVD
City-State-Zip: LAS VEGAS NV 89135