2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F12000002915

Entity Name: RE COMMUNITY HOLDINGS II, INC.

Current Principal Place of Business:

18500 NORTH ALLIED WAY PHOENIX, AZ 85054

Current Mailing Address:

18500 NORTH ALLIED WAY PHOENIX, AZ 85054 US

FEI Number: 80-0696143

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 US Certificate of Status Desired: No

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

Officer/Director Detail :

Title	DIRECTOR	Title	PRESIDENT
Name	GOEBEL, BRIAN A.	Name	BOYER, ROBERT B.
Address	18500 NORTH ALLIED WAY	Address	18500 NORTH ALLIED WAY
City-State-Zip:	PHOENIX AZ 85054	City-State-Zip:	PHOENIX AZ 85054
Title	VP, SECRETARY	Title	VP
Name	SCHULER, EILEEN B.	Name	BENTER, TIM M.
Address	18500 NORTH ALLIED WAY	Address	18500 NORTH ALLIED WAY
City-State-Zip:	PHOENIX AZ 85054	City-State-Zip:	PHOENIX AZ 85054
Title Name Address City-State-Zip:	VP, ASST. SECRETARY KORT, MYNDI M. 18500 NORTH ALLIED WAY PHOENIX AZ 85054	Title Name Address City-State-Zip:	VP, ASST. SECRETARY WILHOIT, ADRIENNE W. 18500 NORTH ALLIED WAY PHOENIX AZ 85054
Title Name Address City-State-Zip:	VP, ASST. SECRETARY ULREICH-POWER, THOMAS 18500 NORTH ALLIED WAY PHOENIX AZ 85054	Title Name Address City-State-Zip:	VP, ASST. SECRETARY NICKERSON, JOHN 18500 NORTH ALLIED WAY PHOENIX AZ 85054

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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: SCHULER, EILEEN B.

SECRETARY

04/18/2019

Electronic Signature of Signing Officer/Director Detail

Date

FILED Apr 18, 2019 Secretary of State 9939916646CC

Date

Officer/Director Detail Continued :

Title	VP, TAX	Title	TREASURER
Name	FOCAZIO, LAWRENCE	Name	BOYD, CALVIN R.
Address	18500 NORTH ALLIED WAY	Address	18500 NORTH ALLIED WAY
City-State-Zip:	PHOENIX AZ 85054	City-State-Zip:	PHOENIX AZ 85054