

2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F13000004922

Entity Name: CITYSCAPES INTERNATIONAL, INC.**Current Principal Place of Business:**4200 LYMAN CT.
HILLIARD, OH 43026**Current Mailing Address:**4200 LYMAN CT.
HILLIARD, OH 43026**FEI Number:** 34-1996794**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**DUGGAN, GARY
720 LENTZ RD.
BELLEAIR BLUFFS, FL 33770 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	P
Name	CULLINAN, JAMES
Address	4200 LYMAN CT.
City-State-Zip:	HILLIARD OH 43026

Title	SRVP
Name	WADE, PAUL
Address	4200 LYMAN CT.
City-State-Zip:	HILLIARD OH 43026

Title	CFO
Name	WADE, PAUL
Address	4200 LYMAN CT.
City-State-Zip:	HILLIARD OH 43026

Title	VP
Name	CULLINAN, DAVID
Address	4200 LYMAN CT.
City-State-Zip:	HILLIARD OH 43026

Title	VP
Name	FALKENBACH, PAUL
Address	4200 LYMAN CT.
City-State-Zip:	HILLIARD OH 43026

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: PAUL WADE**SRVP****04/06/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date