

**2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F16000004058

**Entity Name:** HILTON GRAND VACATIONS INC.**Current Principal Place of Business:**6355 METROWEST BLVD SUITE 180  
ORLANDO, FL 32835**Current Mailing Address:**6355 METROWEST BLVD SUITE 180  
ORLANDO, FL 32835 US**FEI Number: 81-2545345****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 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            WANG, MARK  
Address        6355 METROWEST BLVD SUITE 180  
City-State-Zip: ORLANDO FL 32835

Title            TREASURER  
Name            LEVERT, LISA  
Address        6355 METROWEST BLVD SUITE 180  
City-State-Zip: ORLANDO FL 32835

Title            VP  
Name            MIKALOICICK, JIM  
Address        6355 METROWEST BLVD SUITE 180  
City-State-Zip: ORLANDO FL 32835

Title            VP  
Name            KLINGSICK, ALLEN  
Address        6355 METRO WEST BLVD SUITE 180  
City-State-Zip: ORLANDO FL 32835

Title            S  
Name            CORBIN, CHARLES  
Address        6355 METRO WEST BLVD SUITE 180  
City-State-Zip: ORLANDO FL 32835

Title            VP  
Name            SOROKA, STAN R.  
Address        6355 METROWEST BLVD SUITE 180  
City-State-Zip: ORLANDO FL 32835

Title            VP  
Name            LAFLEUR, ROBERT  
Address        6355 METRO WEST BLVD SUITE 180  
City-State-Zip: ORLANDO FL 32835

Title            VP  
Name            LODDE, KELLY  
Address        6355 METROWEST BLVD SUITE 180  
City-State-Zip: ORLANDO FL 32835

**Continues on page 2**

*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: CHARLES CORBIN****SECRETARY****04/10/2017**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name BACON, BRENDA  
Address 6355 METROWEST BLVD SUITE 180  
City-State-Zip: ORLANDO FL 32835

Title DIRECTOR  
Name CAPLAN, KENNETH  
Address 6355 METROWEST BLVD SUITE 180  
City-State-Zip: ORLANDO FL 32835

Title DIRECTOR  
Name LAZARUS, MARK  
Address 6355 METROWEST BLVD SUITE 180  
City-State-Zip: ORLANDO FL 32835

Title DIRECTOR  
Name WHETSELL, PAUL  
Address 6355 METROWEST BLVD SUITE 180  
City-State-Zip: ORLANDO FL 32835

Title DIRECTOR  
Name JOHNSON, DAVID  
Address 6355 METROWEST BLVD SUITE 180  
City-State-Zip: ORLANDO FL 32835

Title DIRECTOR  
Name POTTER, LEONARD  
Address 6355 METROWEST BLVD SUITE 180  
City-State-Zip: ORLANDO FL 32835

Title DIRECTOR  
Name PATSLEY, PAMELA  
Address 6355 METROWEST BLVD SUITE 180  
City-State-Zip: ORLANDO FL 32835