

**2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F18000001095

**Entity Name:** HCP S-H 2015 MEMBER, INC.

**Current Principal Place of Business:**

1920 MAIN STREET  
SUITE 1200  
IRVINE, CA 92614

**FILED**  
**Feb 15, 2019**  
**Secretary of State**  
**3106932330CC**

**Current Mailing Address:**

1920 MAIN STREET  
SUITE 1200  
IRVINE, CA 92614 US

**FEI Number:** 20-3109318

**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 DIRECTOR, EVP, CORPORATE SECRETARY  
Name MCHENRY, TROY E  
Address 1920 MAIN STREET SUITE 1200  
City-State-Zip: IRVINE CA 92614

Title VP, DIRECTOR, EVP, CFO  
Name SCOTT, PETER A.  
Address 1920 MAIN STREET SUITE 1200  
City-State-Zip: IRVINE CA 92614

Title PRESIDENT, CEO  
Name HERZOG, THOMAS M.  
Address 1920 MAIN STREET SUITE 1200  
City-State-Zip: IRVINE CA 92614

Title EVP  
Name YOUNG, KENDALL K.  
Address 1920 MAIN STREET SUITE 1200  
City-State-Zip: IRVINE CA 92614

Title DIRECTOR, EVP, CIO  
Name BRINKER, SCOTT M.  
Address 1920 MAIN STREET SUITE 1200  
City-State-Zip: IRVINE CA 92614

Title VP, TREASURER  
Name PATADIA, ANKIT B.  
Address 1920 MAIN STREET SUITE 1200  
City-State-Zip: IRVINE CA 92614

Title SVP  
Name PLAYLE, ANGELA M.  
Address 1920 MAIN STREET SUITE 1200  
City-State-Zip: IRVINE CA 92614

Title SVP, CORPORATE SECRETARY  
Name GRAZIANO, SCOTT A.  
Address 1920 MAIN STREET SUITE 1200  
City-State-Zip: IRVINE CA 92614

*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:** ANGELA M. PLAYLE

**SENIOR VICE PRESIDENT 02/15/2019**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date