

**2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F20000002135

**Entity Name:** ARCADIA MANAGEMENT GROUP, INC.

**Current Principal Place of Business:**

3550 N. CENTRAL AVE.  
STE:400  
PHOENIX, AZ 85012

**Current Mailing Address:**

3550 N. CENTRAL AVE.  
STE:400  
PHOENIX, AZ 85012 US

**FEI Number:** 86-0594015

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 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, PRESIDENT  
Name SHAW, GARY L JR.  
Address 3550 N. CENTRAL AVE. STE:400  
City-State-Zip: PHOENIX AZ 85012

Title DIRECTOR, SECRETARY  
Name HAWKINS, MATTHEW  
Address 1140 BAY STREET, SUITE 4000  
City-State-Zip: TORONTO ON M5S 2Z4

Title DIRECTOR  
Name BOROK, GIL  
Address 6324 CANOGA AVE SUITE 100  
City-State-Zip: WOODLAND HILLS CA 91367

Title DIRECTOR  
Name WHITT, KAREN  
Address 1110 NORTH GLEBE ROAD, SUITE 610  
City-State-Zip: ARLINGTON VA 22201

Title DIRECTOR, TREASURER  
Name NEIFFER, GARRETT G.  
Address 3550 NORTH CENTRAL AVENUE,  
SUITE 400  
City-State-Zip: PHOENIX AZ 85012

Title ASST. SECRETARY  
Name SCHWAB, GEORGE L. IV  
Address 1114 SIXTH AVENUE, 12TH FLOOR  
City-State-Zip: NEW YORK NY 10036

Title VP  
Name FORD, JOSEPH  
Address 3550 NORTH CENTRAL AVENUE, SUI  
City-State-Zip: PHOENIX AZ 85012

Title OFFICER  
Name MARK, CAMERON  
Address 3550 NORTH CENTRAL AVENUE  
STE 400  
City-State-Zip: PHOENIX AZ 85012

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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:** MATTHEW HAWKINS

**SECRETARY**

**04/25/2023**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title OFFICER  
Name BREWER, ELLIOTT  
Address 3550 NORTH CENTRAL AVENUE  
STE 400  
City-State-Zip: PHOENIX AZ 85012