

**2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F94000002376

**Entity Name:** HV GLOBAL MANAGEMENT CORPORATION**Current Principal Place of Business:**6262 SUNSET DRIVE  
MIAMI, FL 33143**Current Mailing Address:**6262 SUNSET DRIVE  
MIAMI, FL 33143 US**FEI Number:** 36-3950778**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATE CREATIONS NETWORK INC.  
11380 PROSPERITY FARMS ROAD #221E  
PALM BEACH GARDENS, FL 33410 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            BURLINGAME, JOHN  
Address        6262 SUNSET DRIVE  
City-State-Zip: MIAMI FL 33143

Title            VP, ASST. SECRETARY  
Name            TROSSET, LISA BAILEY P  
Address        140 FOUNTAIN PARKWAY  
                 SUITE 570  
City-State-Zip: ST PETERSBURG FL 33716

Title            DIRECTOR, EVP  
Name            HARVEY, WILLIAM L  
Address        6262 SUNSET DRIVE  
City-State-Zip: MIAMI FL 33143

Title            SECRETARY, SVP  
Name            KINCKE, VICTORIA J  
Address        6262 SUNSET DRIVE  
City-State-Zip: MIAMI FL 33143

Title            COO, SVP  
Name            CROVO, ED P  
Address        140 FOUNTAIN PARKWAY  
                 SUITE 570  
City-State-Zip: ST PETERSBURG FL 33716

Title            DIRECTOR, EVP  
Name            MARBERT, JEANETTE E  
Address        6262 SUNSET DRIVE  
City-State-Zip: MIAMI FL 33143

Title            TREASURER, SVP  
Name            GALEA, JOHN A  
Address        6262 SUNSET DRIVE  
City-State-Zip: MIAMI FL 33143

Title            SVP, CSMO  
Name            SHULMAN, LARRY  
Address        9615 BRIGHTON WAY  
                 SUITE 180  
City-State-Zip: BEVERLY HILLS CA 90210

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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:** VICTORIA J KINCKE**SECRETARY, SVP****04/17/2015**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title ASST. SECRETARY  
Name PETRAMALA, JOHN P  
Address 140 FOUNTAIN PARKWAY  
SUITE 570  
City-State-Zip: ST PETERSBURG FL 33716

Title ASST. SECRETARY  
Name IMANAKA, MITCH  
Address TOPA FINANCIAL CENTER  
745 FORT STREET MALL 17TH FLOOR  
City-State-Zip: HONOLULU HI 96813

Title ASST. SECRETARY  
Name COMEAUX, DEBRA  
Address 896 S. DYER CIRCLE  
City-State-Zip: INCLINE VILLAGE NV 89451