

**2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F95000006019

**Entity Name:** SOUTH FT. MEADE LAND MANAGEMENT, INC.**Current Principal Place of Business:**3033 CAMPUS DRIVE  
SUITE E490, TAX DEPARTMENT  
PLYMOUTH, MN 55441-2651**Current Mailing Address:**3033 CAMPUS DRIVE  
SUITE E490, TAX DEPARTMENT  
PLYMOUTH, MN 55441-2651 US**FEI Number:** 59-3346142**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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            PREDIDENT, CEO, DIRECTOR  
Name            O'ROURKE, JAMES ("JOC") C  
Address        3033 CAMPUS DRIVE, SUITE E490  
City-State-Zip: PLYMOUTH MN 55441-2651

Title            SR VP, SECRETARY, DIRECTOR  
Name            ISAACSON, MARK J  
Address        3033 CAMPUS DRIVE, SUITE E490  
City-State-Zip: PLYMOUTH MN 55441-2651

Title            VP  
Name            MADDEN, TODD W  
Address        3033 CAMPUS DRIVE, SUITE E490  
City-State-Zip: PLYMOUTH MN 55441-2651

Title            SR VP  
Name            DAVIS, GARY ("BO") N  
Address        3033 CAMPUS DRIVE  
SUITE E490  
City-State-Zip: PLYMOUTH MN 55441-2651

Title            EXECUTIVE VP, CFO, DIRECTOR  
Name            MACK, RICHARD L  
Address        3033 CAMPUS DRIVE, SUITE E490  
City-State-Zip: PLYMOUTH MN 55441-2651

Title            VP  
Name            BARROS, CRISTIANO ("CRIS") C  
Address        3033 CAMPUS DRIVE, SUITE E490  
City-State-Zip: PLYMOUTH MN 55441-2651

Title            VP, ASST. SECRETARY  
Name            BAUER, PHIL E  
Address        3033 CAMPUS DRIVE  
SUITE E490  
City-State-Zip: PLYMOUTH MN 55441-2651

Title            SR VP  
Name            KAPLAN, MARK E  
Address        3033 CAMPUS DRIVE  
SUITE E490  
City-State-Zip: PLYMOUTH MN 55441-2651

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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:** MARK ISAACSONSR VP AND CORP  
SECRETARY

02/29/2016

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title VP  
Name SWAGER, KAREN A  
Address 3033 CAMPUS DRIVE  
SUITE E490  
City-State-Zip: PLYMOUTH MN 55441-2651

Title ASST SECRETARY  
Name ANDERSON, SHAWNA L  
Address 3033 CAMPUS DRIVE  
SUITE E490  
City-State-Zip: PLYMOUTH MN 55441

Title VP  
Name SUNNARBORG, THOMAS B  
Address 3033 CAMPUS DRIVE  
SUITE E490  
City-State-Zip: PLYMOUTH MN 55441-2651