

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000005468

FILED  
Apr 15, 2010  
Secretary of State

**Entity Name:** SUN MARK IV DEBT HOLDCO, INC.

**Current Principal Place of Business:**

5200 TOWN CENTER CIR., SUITE 600  
BOCA RATON, FL 33486

**New Principal Place of Business:**

5200 TOWN CENTER CIRCLE, SUITE 600  
BOCA RATON, FL 33486

**Current Mailing Address:**

5200 TOWN CENTER CIR., SUITE 600  
BOCA RATON, FL 33486

**New Mailing Address:**

5200 TOWN CENTER CIRCLE, SUITE 600  
BOCA RATON, FL 33486

**FEI Number:** 26-3791754

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

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

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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** VPAS  
**Name:** MCCONVERY, MICHAEL J  
**Address:** 5200 TOWN CENTER CIRCLE, SUITE 600  
**City-St-Zip:** BOCA RATON, FL 33486

**Title:** VPAS  
**Name:** HAJDUCH, MARK  
**Address:** 5200 TOWN CENTER CIRCLE, SUITE 600  
**City-St-Zip:** BOCA RATON, FL 33486

**Title:** VPAS  
**Name:** KLAFTER, MELISSA  
**Address:** 5200 TOWN CENTER CIRCLE, SUITE 600  
**City-St-Zip:** BOCA RATON, FL 33486

**Title:** D  
**Name:** MEZZANOTTE, DAVID A  
**Address:** 5200 TOWN CENTER CIRCLE, SUITE 600  
**City-St-Zip:** BOCA RATON, FL 33486

**Title:** D  
**Name:** WERKING, DOUG  
**Address:** 5200 TOWN CENTER CIRCLE, SUITE 600  
**City-St-Zip:** BOCA RATON, FL 33486

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:** LAURA LOUIS

POA

04/15/2010

Electronic Signature of Signing Officer or Director

Date