

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F10000004656

FILED
Apr 05, 2011
Secretary of State

Entity Name: SCSF MPC/MDS (OFFSHORE) CORP.

Current Principal Place of Business:

5200 TOWN CENTER CIRCLE STE 600
BOCA RATON, FL 33486

New Principal Place of Business:

Current Mailing Address:

5200 TOWN CENTER CIRCLE STE 600
BOCA RATON, FL 33486

New Mailing Address:

FEI Number: 27-3721080

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

OFFICERS AND DIRECTORS:

Title: D
Name: THOMAS, CHRIS
Address: 5200 TOWN CENTER CIRCLE STE 600
City-St-Zip: BOCA RATON, FL 33486

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

Title: CFOV
Name: CALHOUN, KEVIN
Address: 5200 TOWN CENTER CIRCLE STE 600
City-St-Zip: BOCA RATON, FL 33486

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

Title: VAT
Name: KLAFTER, MELISSA
Address: 5200 TOWN CENTER CIRCLE STE 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

_____ Electronic Signature of Signing Officer or Director

POA

04/05/2011

_____ Date