2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2016
Secretary of State
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Entity Name: CARILLON HOTEL AND SPA MASTER ASSOCIATION, INC.

Current Principal Place of Business:

2 CONWAY PARK
150 FIELD DR. SUITE 300
LAKE FOREST, IL 60045

Current Mailing Address:

2 CONWAY PARK
150 FIELD DR. SUITE 300
LAKE FOREST, IL 60045 US

FEI Number: 26-1242663

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SIEGFRIED, RIVERA, HYMAN, LERNER, DE LA TORRE, MARS AND SOBEL, P.A.
201 ALHAMBRA CIRCLE
11TH FLOOR
CORAL GABLES, FL 33134 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: GARY MARS 03/10/2016

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	D	Title	DIRECTOR
Name	WICKY, THOMAS	Name	AUERBACH, MARTIN
Address	2 CONWAY PARK 150 FIELD DR. SUITE 300	Address	2 CONWAY PARK 150 FIELD DR. SUITE 300
City-State-Zip:	LAKE FOREST IL 60045	City-State-Zip:	LAKE FOREST IL 60045
Title	D	Title	D
Name	SCRIVENS, ANDREI	Name	NATH, NEAL
Address	2 CONWAY PARK 150 FIELD DR. SUITE 300	Address	2 CONWAY PARK 150 FIELD DR. SUITE 300
City-State-Zip:	LAKE FOREST IL 60045	City-State-Zip:	LAKE FOREST IL 60045
Title	D		
Name	MATTHEW, KANE		
Address	2 CONWAY PARK 150 FIELD DR. SUITE 300		
City-State-Zip:	LAKE FOREST IL 60045		

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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: THOMAS WICKY DIRECTOR 03/10/2016

Electronic Signature of Signing Officer/Director Detail — Date