

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01000080467

**FILED  
Apr 30, 2014  
Secretary of State  
CC6783400173**

**Entity Name:** ORLANDO WAREHOUSE PORTFOLIO, INC.

**Current Principal Place of Business:**

1801 HERMITAGE BLVD., STE. 100  
TALLAHASSEE, FL 32308

**Current Mailing Address:**

1801 HERMITAGE BLVD., STE. 600  
TALLAHASSEE, FL 32308

**FEI Number:** 59-3742865

**Certificate of Status Desired:** No

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

CT 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 D  
Name TAYLOR, LAMAR E  
Address 1801 HERMITAGE BLVD., STE. 100  
City-State-Zip: TALLAHASSEE FL 32308

Title DVP  
Name SPOOK, STEPHEN A  
Address 1801 HERMITAGE BLVD STE 100  
City-State-Zip: TALLAHASSEE FL 32308

Title DVS  
Name GRAY, LYNNE M  
Address 1801 HERMITAGE BLVD., STE. 100  
City-State-Zip: TALLAHASSEE FL 32308

Title P  
Name FARALDO, MARK P  
Address 8750 N CENTRAL EXPRESSWAY STE 800  
City-State-Zip: DALLAS TX 75321

Title VAS  
Name CURTIS, MERRILL  
Address 8750 N CENTRAL EXPRESSWAY STE 800  
City-State-Zip: DALLAS TX 75231

Title TAS  
Name HANSON, JENNIFER A  
Address 8750 N CENTRAL EXPRESSWAY STE 800  
City-State-Zip: DALLAS TX 75231

*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 P FARALDO

**PRESIDENT**

**04/30/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date