

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000030039

Entity Name: KEYSTONE PAYING AGENT, INC.

Current Principal Place of Business:

1180 CELEBRATION BOULEVARD
SUITE 201
CELEBRATION, FL 34747

FILED
Apr 30, 2015
Secretary of State
CC5385388304

Current Mailing Address:

500 S BUENA VISTA ST
BURBANK, CA 91521-0105

FEI Number: 04-3655668

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CRAIGMILE, JEFFREY S
1375 BUENA VISTA DRIVE
4TH FLOOR NORTH
LAKE BUENA VISTA, FL 32830 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 SECRETARY, DIRECTOR
Name REED, MARSHA L
Address 500 S BUENA VISTA ST
City-State-Zip: BURBANK CA 91521

Title ASST. SECRETARY
Name WILLIAMS, CARMELLA
Address 1180 CELEBRATION BLVD.
City-State-Zip: CELEBRATION FL 34747

Title DIRECTOR
Name MCGINNIS, MATTHEW L
Address 500 S BUENA VISTA ST
City-State-Zip: BURBANK CA 91521

Title PRESIDENT, DIRECTOR
Name HANSEN, GARY D
Address 1180 CELEBRATION BOULEVARD
City-State-Zip: CELEBRATION FL 34747

Title TREASURER
Name STOWELL, JOHN A
Address 500 S BUENA VISTA ST
City-State-Zip: BURBANK CA 91521

Title ASST. TREASURER
Name PRIEST, HENRY C
Address 1170 CELEBRATION BLVD
City-State-Zip: CELEBRATION FL 34747

Title ASST. TREASURER
Name SOLOMON, AARON H
Address 1170 CELEBRATION BLVD
City-State-Zip: CELEBRATION FL 34747

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: MARSHA L REED

SECRETARY

04/30/2015

Electronic Signature of Signing Officer/Director Detail

Date