

**2018 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M99000000807

**Entity Name:** HILTON GRAND VACATIONS MANAGEMENT, LLC**Current Principal Place of Business:**6355 METROWEST BLVD  
SUITE 180  
ORLANDO, FL 32835**Current Mailing Address:**6355 METROWEST BLVD  
SUITE 180  
ORLANDO, FL 32835 US**FEI Number:** 58-2361323**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 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

**Authorized Person(s) Detail :**

Title MGR, PRESIDENT  
Name WANG, MARK  
Address 6355 METROWEST BLVD  
SUITE 180  
City-State-Zip: ORLANDO FL 32835

Title MANAGER, EVP  
Name SOROKA, STAN  
Address 6355 METROWEST BLVD  
SUITE 180  
City-State-Zip: ORLANDO FL 32835

Title SVP  
Name KLINGSICK, ALLEN  
Address 6355 METROWEST BLVD  
SUITE 180  
City-State-Zip: ORLANDO FL 32835

Title EVP, SECRETARY, MANAGER  
Name CORBIN, CHARLES  
Address 6355 METROWEST BLVD  
SUITE 180  
City-State-Zip: ORLANDO FL 32835

Title VP  
Name BOSAK, DANA  
Address 6355 METROWEST BLVD  
SUITE 180  
City-State-Zip: ORLANDO FL 32835

Title EVP  
Name MIKOLAICHUK, JAMES  
Address 6355 METROWEST BLVD  
SUITE 180  
City-State-Zip: ORLANDO FL 32835

Title VP  
Name ANGELL, KATHERINE  
Address 6355 METROWEST BLVD  
SUITE 180  
City-State-Zip: ORLANDO FL 32835

Title VP  
Name SPEIDEL, KEVIN  
Address 6355 METROWEST BLVD  
SUITE 180  
City-State-Zip: ORLANDO FL 32835

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*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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** CHARLES CORBIN**SECRETARY****01/26/2018**

Electronic Signature of Signing Authorized Person(s) Detail

Date

**Authorized Person(s) Detail Continued :**

Title VP  
Name ELLIOTT, MICHAEL R  
Address 6355 METROWEST BLVD  
SUITE 180  
City-State-Zip: ORLANDO FL 32835

Title VP  
Name OLINGER, KELLY  
Address 6355 METROWEST BLVD  
SUITE 180  
City-State-Zip: ORLANDO FL 32835

Title VP  
Name HILTON, MICHAEL  
Address 6355 METROWEST BLVD  
SUITE 180  
City-State-Zip: ORLANDO FL 32835

Title VP  
Name ELLOUZE, REBEKAH  
Address 6355 METROWEST BLVD  
SUITE 180  
City-State-Zip: ORLANDO FL 32835

Title SENIOR VICE PRESIDENT,  
ASSISTANT SECRETARY  
Name LODDE, KELLY  
Address 6355 METROWEST BLVD  
SUITE 180  
City-State-Zip: ORLANDO FL 32835

Title VP  
Name HUTCHINSON, NEIL  
Address 6355 METROWEST BLVD  
SUITE 180  
City-State-Zip: ORLANDO FL 32835

Title VP  
Name PERAZA, NEIL  
Address 6355 METROWEST BLVD  
SUITE 180  
City-State-Zip: ORLANDO FL 32835