

2015 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Apr 19, 2015
Secretary of State
CC8897588453

Entity Name: OSCRE INTERNATIONAL, LTD. CORPORATION

Current Principal Place of Business:

12910 RIVER MEADOWS CT
ORLANDO, FL 32828

Current Mailing Address:

PO BOX 781852
ORLANDO, FL 32878-1852

FEI Number: 46-0524844

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

STANLEY, LISA
12910 RIVER MEADOWS CT
ORLANDO, FL 32828 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 CEO
Name STANLEY, LISA
Address 12910 RIVER MEADOWS CT
City-State-Zip: ORLANDO FL 32828

Title TREASURER, VC
Name FLYNN, MICHAEL
Address 224-232 ST. JOHN STREET
City-State-Zip: LONDON EC1V 4QR

Title S
Name CORNHILL SECRETARIES, LTD ATTN CARMEN VIGO
Address 150 ALDERSGATE STREET
City-State-Zip: LONDON EC1A 4AB

Title D
Name JOHNSON, DAVID
Address 200 EAST RANDOLPH DRIVE
City-State-Zip: CHICAGO IL 60601

Title CHAIRMAN
Name JEFFERIES, CHERYL
Address 6269 ABBOTT STREET
City-State-Zip: WEST STIITSVILLE ONTARIO K2S0B4

Title DIRECTOR
Name EHRENBERG, MAUREEN
Address 6472 TOWER COURT
City-State-Zip: LINCOLNWOOD IL 60712

Title DIRECTOR
Name SILL, CHARLES BRADLEY
Address 16351 SILVER SPRING RIDGE
City-State-Zip: GARFIELD AR 72732

Title DIRECTOR
Name MADDOX, KIM ANN
Address 8550 EVERETT CT
City-State-Zip: ARVADA CO 80005

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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 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: LISA STANLEY

CEO

04/19/2015

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name ROSEN, OREN
Address 76 SHUSTER LANE
City-State-Zip: THORNHILL ONTARIO L4J8Z4

Title DIRECTOR
Name MILLER, ANDREW PAUL
Address 1 LUDLOW DRVE
City-State-Zip: CHAPPAQUA NY 10514

Title DIRECTOR
Name LAMBERT, ROBERT GRAEME
Address THE COTTAGE, BURTONS GREEN
City-State-Zip: HALSTEAD ESSEX CO9 1RH

Title DIRECTOR
Name FIASTRE, GUILLAUME
Address 18 RUE DES ECOLES
City-State-Zip: PARIS 75005

Title DIRECTOR
Name KARPOOK, DAVID
Address 892 STRAWBERRY PEAK ROAD
City-State-Zip: TWIN PEAKS CA 92391

Title DIRECTOR
Name ROWLANDSON, LORRI
Address 10950 SIMCOE STREET
City-State-Zip: SUNDERLAND ONTARIO L0C 1H0

Title DIRECTOR
Name DARRAGH, ALEXANDER JAMES
Address 3040 PAYNE STREET
City-State-Zip: EVANSTON IL 60201