

2020 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000003944

Entity Name: WINSTON PARK CENTER, INC.**Current Principal Place of Business:**C/O UBS REALTY INVESTORS LLC
10 STATE HOUSE SQUARE, 15TH FLOOR
HARTFORD, CT 06103**Current Mailing Address:**C/O UBS REALTY INVESTORS LLC
10 STATE HOUSE SQUARE, 15TH FLOOR
HARTFORD, CT 06103**FEI Number:** 33-0825666**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

Officer/Director Detail :

Title DIRECTOR, PRESIDENT
Name MAGUIRE, JEFFREY G
Address C/O UBS REALTY INVESTORS LLC
10 STATE HOUSE SQUARE, 15TH
FLOOR
City-State-Zip: HARTFORD CT 06103

Title SECRETARY
Name KAPILOFF, STEVEN M
Address C/O UBS REALTY INVESTORS LLC
10 STATE HOUSE SQUARE, 15TH
FLOOR
City-State-Zip: HARTFORD CT 06103

Title VP
Name ROY, BARBARA PIERSON
Address C/O UBS REALTY INVESTORS LLC
10 STATE HOUSE SQUARE, 15TH
FLOOR
City-State-Zip: HARTFORD CT 06103

Title VP
Name DIAKOGEOGIU, VASILIOS
Address C/O UBS REALTY INVESTORS LLC
10 STATE HOUSE SQUARE, 15TH
FLOOR
City-State-Zip: HARTFORD CT 06103

Title DIRECTOR, SENIOR VICE PRESIDENT
Name GILBERTIE, PETER J
Address C/O UBS REALTY INVESTORS LLC
10 STATE HOUSE SQUARE, 15TH
FLOOR
City-State-Zip: HARTFORD CT 06103

Title TREASURER
Name KUTA, CAROL M
Address C/O UBS REALTY INVESTORS LLC
10 STATE HOUSE SQUARE, 15TH
FLOOR
City-State-Zip: HARTFORD CT 06103

Title VP
Name FISHMAN, JAMES M
Address C/O UBS REALTY INVESTORS LLC
10 STATE HOUSE SQUARE, 15TH
FLOOR
City-State-Zip: HARTFORD CT 06103

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: STEVEN M KAPILOFF**AUTHORIZED PERSON****02/07/2020**

Electronic Signature of Signing Officer/Director Detail

Date