

2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 827186

Entity Name: CDR MAGUIRE INC.**Current Principal Place of Business:**8669 NW 36 STREET
SUITE 340
DORAL, FL 33166**Current Mailing Address:**8669 NW 36 STREET
SUITE 340
DORAL, FL 33166 US**FEI Number:** 05-0318211**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**DUART, CARLOS A
8669 NW 36 STREET
SUITE 340
DORAL, FL 33166 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 PTD
Name DUART, CARLOS A
Address 8669 NW 36 STREET
SUITE 340
City-State-Zip: DORAL FL 33166

Title CEOD
Name BERNARDO, RICHARD
Address 225 CHAPMAN STREET
City-State-Zip: PROVIDENCE RI 02905

Title VPD
Name CARUSO, FABRIZIO
Address 211 CONGRESS STREET, 11TH
FLOOR
City-State-Zip: BOSTON MA 02110

Title VP
Name DILUZIO, ANTHONY
Address 211 CONGRESS STREET
11TH FLOOR
City-State-Zip: BOSTON MA 02110

Title S
Name PAPALIA, SHERRILL T
Address 211 CONGRESS STREET, 11TH
FLOOR
City-State-Zip: BOSTON MA 02110

Title VP
Name STOCKHAUSEN, THOMAS
Address 503 MARTINDALE STREET
SUITE 610
City-State-Zip: PITTSBURGH PA 15212

Title D
Name MORRISON, PETER
Address 225 CHAPMAN STREET
City-State-Zip: PROVIDENCE RI 02905

Title EXECUTIVE VP
Name ANDRE, DUART
Address 8669 NW 36 STREET
SUITE 340
City-State-Zip: DORAL FL 33166

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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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: CARLOS A. DUART

PRESIDENT

03/19/2014

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title VP
Name FREEMAN, DAVID
Address 225 CHAPMAN STREET
City-State-Zip: PROVIDENCE RI 02905

Title VP
Name MACEY, MATTHEW
Address 503 MARTINDALE STREET
6TH FLOOR
City-State-Zip: PITTSBURGH PA 15212

Title VP
Name ROCCHINI, LOUIS
Address 503 MARTINDALE STREET
6TH FLOOR
City-State-Zip: PITTSBURGH PA 15212

Title VP
Name WU, YIHUI
Address 225 CHAPMAN STREET
City-State-Zip: PROVIDENCE RI 02905

Title VP
Name LANDRY, STEVEN
Address 211 CONGRESS STREET
11TH FLOOR
City-State-Zip: BOSTON MA 02110

Title SENIOR VP
Name MOORMAN, MICHAEL
Address 503 MARTINDALE STREET
SUITE 610
City-State-Zip: PITTSBURGH PA 15212

Title VP
Name STOCK, DAVID
Address 2080 SILAS DEANE HIGHWAY
City-State-Zip: ROCKY HILL CT 06067

Title CFO
Name GASSENHEIMER, EARL H
Address 8669 NW 36 STREET
SUITE 340
City-State-Zip: DORAL FL 33166