

2017 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 VP
Name AMORELLO, MATTHEW
Address 2 GRANITE AVENUE
SUITE 150
City-State-Zip: MILTON MA 02186

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

Title VP, DIRECTOR
Name WU, YIHUI
Address 225 CHAPMAN STREET
4TH FLOOR
City-State-Zip: PROVIDENCE RI 02905

Title S
Name KERR, KATRINA
Address 8669 NW 36 STREET
SUITE 340
City-State-Zip: DORAL FL 33166

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

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

Title CAO
Name VIDAL, TINA
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****02/15/2017**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title D
Name SACCOCCIO, MARK
Address 2 GRANITE AVENUE
SUITE 150
City-State-Zip: MILTON MA 02186

Title VP
Name PARKER, EDMUND
Address 225 CHAPMAN STREET
4TH FLOOR
City-State-Zip: PROVIDENCE RI 02905

Title CEO, DIRECTOR
Name DUART, CARLOS E
Address 8669 NW 36 STREET
SUITE 340
City-State-Zip: DORAL FL 33166

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