2015 FOREIGN PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Jun 04, 2015
Secretary of State
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Entity Name: AMERINATIONAL COMMUNITY SERVICES, INC.

Current Principal Place of Business:

217 S NEWTON AVE
ALBERT LEA, MN 56007

Current Mailing Address:

217 SOUTH NEWTON AVE
ALBERT LEA, MN 56007

FEI Number: 41-1951655

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

REPANTI, VERONICA
5300 W CYPRESS ST, SUITE 261
TAMPA, FL 33607 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: VERONICA REPANTI 06/04/2015

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	PRESIDENT & COO
Name	TORRES, MICHAEL
Address	8121 E FLORENCE AVE
City-State-Zip:	DOWNEY CA 90240

Title	DIRECTOR
Name	BERNIER, ADAM
Address	3948 W 49 1/2 ST
City-State-Zip:	EDINA MN 55424

Title	SVP MULTIFAMILY SERVICES
Name	FREDERICKS, MARK
Address	5300 W CYPRESS ST SUITE 261
City-State-Zip:	TAMPA FL 33607

Title	CEO/CFO
Name	THORSON, ADRIENNE
Address	217 SOUTH NEWTON AVE
City-State-Zip:	ALBERT LEA MN 56007

Title	DIRECTOR
Name	O'BRIEN, EDGAR II
Address	3948 W 49 1/2 ST
City-State-Zip:	EDINA MN 55424

Title	SENIOR VP OF SALES & MARKETING
Name	O'MALLEY, TIMOTHY
Address	921 E FORT AVE SUITE 120
City-State-Zip:	BALTIMORE MD 21230

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: ADRIENNE THORSON CEO 06/04/2015

Electronic Signature of Signing Officer/Director Detail — Date