

2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000005430

Entity Name: TAYLOR WOODROW U.S. TOWER, INC.**Current Principal Place of Business:**4900 N. SCOTTSDALE ROAD
SUITE 2000
SCOTTSDALE, AZ 85251**Current Mailing Address:**4900 N. SCOTTSDALE ROAD
SUITE 2000
SCOTTSDALE, AZ 85251**FEI Number:** 82-0560245**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**NRAI SERVICES, INC.
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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	STEFFENS, LOUIS E.
Address	1211 N. WESTSHORE BLVD SUITE 512
City-State-Zip:	TAMPA FL 33607

Title	ASST. SECRETARY
Name	MERRILL, S. TODD
Address	1211 N. WESTSHORE BLVD SUITE 512
City-State-Zip:	TAMPA FL 33607

Title	DIRECTOR, VP
Name	MILLER, DOUGLAS D.
Address	1211 N. WESTSHORE BLVD SUITE 512
City-State-Zip:	TAMPA FL 33607

Title	ASST. SECRETARY
Name	ESTRADA, CAROLINE G.
Address	4900 N. SCOTTSDALE ROAD SUITE 2000
City-State-Zip:	SCOTTSDALE AZ 85251

Title	VP, SECRETARY, GENERAL COUNSEL
Name	SHERMAN, DARRELL C.
Address	4900 N. SCOTTSDALE ROAD SUITE 2000
City-State-Zip:	SCOTTSDALE AZ 85251

Title	CFO, VP
Name	CONE, C. DAVID
Address	4900 N. SCOTTSDALE ROAD SUITE 2000
City-State-Zip:	SCOTTSDALE AZ 85251

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: CAROLINE G. ESTRADA**ASST. SECRETARY****02/25/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date