

2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000006343

Entity Name: ROCKY MOUNTAIN SUPPORT SERVICES, INC.**Current Principal Place of Business:**601 RIVERSIDE AVE.
JACKSONVILLE, FL 32204**Current Mailing Address:**3210 EL CAMINO REAL STE 200
C/O MADELINE G. M. LOVEJOY
IRVINE, CA 92602 US**FEI Number:** 86-0450201**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM
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	DCFO
Name	PARK, ANTHONY J
Address	601 RIVERSIDE AVE.
City-State-Zip:	JACKSONVILLE FL 32204

Title	DPC
Name	QUIRK, RAYMOND R
Address	601 RIVERSIDE AVE.
City-State-Zip:	JACKSONVILLE FL 32204

Title	SVPT
Name	MURPHY, DANIEL K
Address	601 RIVERSIDE AVE.
City-State-Zip:	JACKSONVILLE FL 32204

Title	EVPS
Name	GRAVELLE, MICHAEL L
Address	1701 VILLAGE CENTER CIRCLE
City-State-Zip:	LAS VEGAS NV 89134

Title	AVP/AS
Name	LOVEJOY, MADELINE GM
Address	3210 EL CAMINO REAL STE 200
City-State-Zip:	IRVINE CA 92602

Title	SVP/TREASURER
Name	MURPHY, DANIEL K
Address	601 RIVERSIDE AVE.
City-State-Zip:	JACKSONVILLE FL 32204

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: MADELINE GM LOVEJOY**AVP/AS****02/23/2016**

Electronic Signature of Signing Officer/Director Detail

Date