

**2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F04000004040

**Entity Name:** SC MOTA GP, INC.

**Current Principal Place of Business:**

340 ROYAL POINCIANA WAY  
SUITE 316  
PALM BEACH, FL 33480

**Current Mailing Address:**

340 ROYAL POINCIANA WAY  
SUITE 316  
PALM BEACH, FL 33480 US

**FEI Number:** 20-1354663

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

TSO AGENT SERVICES, LLC  
340 ROYAL POINCIANA WAY  
SUITE 316  
PALM BEACH, FL 33480 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            PRESIDENT, DIRECTOR  
Name            KOSOY, BRIAN D  
Address        340 ROYAL POINCIANA WAY  
                 SUITE 316  
City-State-Zip: PALM BEACH FL 33480

Title            SECRETARY, VP  
Name            MOROSS, GREGORY S  
Address        340 ROYAL POINCIANA WAY  
                 SUITE 316  
City-State-Zip: PALM BEACH FL 33480

Title            VP/CFO  
Name            ROMANIW , MICHAEL  
Address        340 ROYAL POINCIANA WAY  
                 SUITE 316  
City-State-Zip: PALM BEACH FL 33480

Title            VP, DIRECTOR  
Name            GREEN, ROBERT S  
Address        340 ROYAL POINCIANA WAY  
                 SUITE 316  
City-State-Zip: PALM BEACH FL 33480

Title            DIRECTOR  
Name            PRESTON, JOHN W.S.  
Address        340 ROYAL POINCIANA WAY  
                 SUITE 316  
City-State-Zip: PALM BEACH FL 33480

Title            VP  
Name            PRESTON , JEFFREY  
Address        340 ROYAL POINCIANA WAY  
                 SUITE 316  
City-State-Zip: PALM BEACH FL 33480

*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:** MOROSS , GREGORY S

**DONNA HARRISON,  
ATTORNEY IN FACT**

**04/29/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date