

2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000005966

Entity Name: HALCROW, INC.**Current Principal Place of Business:**22 CORTLANDT ST, 31ST FLR.
NEW YORK, NY 10007**Current Mailing Address:**9191 S. JAMAICA ST.
ATTN: TAX
ENGLEWOOD, CO 80112 US**FEI Number:** 20-1900891**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	TREA
Name	MATHEWS, STEVEN
Address	9191 SOUTH JAMAICA STRET
City-State-Zip:	ENGLEWOOD CO 80112

Title	SECY
Name	HILTY, SARAH K
Address	9191 SOUTH JAMAICA STREET
City-State-Zip:	ENGLEWOOD CO 80112

Title	PRES, DIR
Name	RUHL, TERRY A
Address	9191 SOUTH JAMAICA STREET
City-State-Zip:	ENGLEWOOD CO 80112

Title	DIR
Name	FINLAY, EUAN
Address	9191 SOUTH JAMAICA STREET
City-State-Zip:	ENGLEWOOD CO 80112

Title	DIR
Name	KING, PATRICK
Address	22 CORTLANDT STREET-31ST FL
City-State-Zip:	NEW YORK NY 10007

Title	VP
Name	LYON, DAVINIA J
Address	9191 S. JAMAICA ST.
City-State-Zip:	ENGLEWOOD CO 80112

Title	ASST SECRETARY
Name	RIMAS, CHERYL JETT
Address	9191 S. JAMAICA ST.
City-State-Zip:	ENGLEWOOD CO 80112

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: DAVINIA J. LYON**VICE PRESIDENT****04/10/2017**_____
Electronic Signature of Signing Officer/Director Detail_____
Date