

2018 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 CARLIN, MICHAEL
Address 1999 BRYAN ST.
City-State-Zip: DALLAS TX 75201Title SECY
Name JOHNSON, JUSTIN
Address 1999 BRYAN ST.
City-State-Zip: DALLAS TX 75201Title PRESIDENT
Name SHELTON, BRIAN
Address 9191 SOUTH JAMAICA STREET
City-State-Zip: ENGLEWOOD CO 80112Title DIR
Name FINLAY, EUAN
Address 9191 SOUTH JAMAICA STREET
City-State-Zip: ENGLEWOOD CO 80112Title DIR
Name KING, PATRICK
Address 22 CORTLANDT STREET-31ST FL
City-State-Zip: NEW YORK NY 10007Title VP
Name LYON, DAVINIA J
Address 9191 S. JAMAICA ST.
City-State-Zip: ENGLEWOOD CO 80112Title 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****04/09/2018**_____
Electronic Signature of Signing Officer/Director Detail_____
Date