

2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000002589

Entity Name: CSDVRS MANAGEMENT SERVICES, INC.**Current Principal Place of Business:**600 CLEVELAND STREET
SUITE 1000
CLEARWATER, FL 33755**Current Mailing Address:**600 CLEVELAND STREET
SUITE 1000
CLEARWATER, FL 33755 US**FEI Number:** 20-5986005**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**INCRP SERVIES, INC.
17888 67TH COURT NORTH
LOXAHATCHEE, FL 33470 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	PSD
Name	BELANGER, SEAN
Address	600 CLEVELAND STREET, SUITE 1000
City-State-Zip:	CLEARWATER FL 33755

Title	D
Name	MICHALIK, CHRISTIAN P
Address	521 5TH AVE 34TH FLOOR
City-State-Zip:	NEW YORK NY 10175

Title	D
Name	ZOCH, MICHAEL
Address	521 5TH AVE 34TH FLOOR
City-State-Zip:	NEW YORK NY 10175

Title	D
Name	HENLEY, MARK
Address	521 5TH AVE 34TH FLOOR
City-State-Zip:	NEW YORK NY 10175

Title	TREA
Name	WAGNER, STACY
Address	600 CLEVELAND STREET, SUITE 1000
City-State-Zip:	CLEARWATER FL 33755

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: STACY WAGNER**CFO****03/24/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date