

2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000003418

Entity Name: BODEL, INC.**Current Principal Place of Business:**555 SOUTH FEDERAL HIGHWAY
SUITE 400
BOCA RATON, FL 33432**Current Mailing Address:**555 SOUTH FEDERAL HIGHWAY
SUITE 400
BOCA RATON, FL 33432**FEI Number:** 23-2626048**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SIG HOLDING, INC.
555 SOUTH FEDERAL HWY
STE 400
BOCA RATON, FL 33432 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	PD
Name	YASS, JEFFREY
Address	401 CITY AVENUE, SUITE 220
City-State-Zip:	BALA CYNWYD PA 19004

Title	D
Name	DOOLEY, MARK
Address	401 CITY AVENUE, SUITE 220
City-State-Zip:	BALA CYNWYD PA 19004

Title	VP, S
Name	BRYCE, TED
Address	401 CITY AVENUE, SUITE 220
City-State-Zip:	BALA CYNWYD PA 19004

Title	D
Name	DANTCHIK, ARTHUR
Address	401 CITY AVENUE, SUITE 220
City-State-Zip:	BALA CYNWYD PA 19004

Title	TREASURER
Name	SACK, ROBERT
Address	401 CITY AVENUE, SUITE 220
City-State-Zip:	BALA CYNWYD PA 19004

Title	ASST. TREASURER
Name	POCHE, PHILIP A
Address	401 E. CITY AVE SUITE 220
City-State-Zip:	BALA CYNWYD PA 19004

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: ROBERT SACK**TREASURER****04/28/2017**_____
Electronic Signature of Signing Officer/Director Detail_____
Date