

2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F09000000111

Entity Name: THE GARRETSON RESOLUTION GROUP, INC.**Current Principal Place of Business:**6281 TRI-RIDGE BOULEVARD
SUITE 300
LOVELAND , OH 45140**Current Mailing Address:**4064 COLONY ROAD
SUITE 200
CHARLOTTE , NC 28211 US**FEI Number:** 26-3840385**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 PRESIDENT, DIRECTOR
Name WOLF, JASON A.
Address 6281 TRI-RIDGE BOULEVARD
SUITE 300
City-State-Zip: LOVELAND OH 45140

Title SECRETARY
Name DIXON, DREW
Address 6281 TRI-RIDGE BOULEVARD
SUITE 300
City-State-Zip: LOVELAND OH 45140

Title DIRECTOR
Name CARTWRIGHT, CHRIS
Address 6281 TRI-RIDGE BOULEVARD
SUITE 300
City-State-Zip: LOVELAND OH 45140

Title DIRECTOR
Name GARRETSON, MATTHEW L.
Address 6281 TRI-RIDGE BOULEVARD
SUITE 300
City-State-Zip: LOVELAND OH 45140

Title ASSISTANT SECRETARY, CHIEF
COMPLIANCE OFFICER
Name VON SAUCKEN, SYLVIVUS H.
Address 6281 TRI-RIDGE BOULEVARD
SUITE 300
City-State-Zip: LOVELAND OH 45140

Title CHAIRMAN OF THE BOARD
Name KLEINMAN, IRA
Address 6281 TRI-RIDGE BOULEVARD
SUITE 300
City-State-Zip: LOVELAND OH 45140

Title DIRECTOR
Name FITZPATRICK, JONATHAN
Address 6281 TRI-RIDGE BOULEVARD
SUITE 300
City-State-Zip: LOVELAND OH 45140

Title DIRECTOR
Name HENSLEY, ROBERT
Address 6281 TRI-RIDGE BOULEVARD
SUITE 300
City-State-Zip: LOVELAND OH 45140

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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: SYLVIVUS H. VON SAUCKEN**ASSISTANT SECRETARY 04/02/2016**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name ROWE, RACHEL
Address 6281 TRI-RIDGE BOULEVARD
 SUITE 300
City-State-Zip: LOVELAND OH 45140

Title DIRECTOR
Name SCHOENTHAL, ANDREW
Address 6281 TRI-RIDGE BOULEVARD
 SUITE 300
City-State-Zip: LOVELAND OH 45140