2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2015
Secretary of State
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Entity Name: THE GARRETSON RESOLUTION GROUP, INC.

Current Principal Place of Business:

6281 TRI-RIDGE BOULEVARD
SUITE 300
LOVELAND, OH 45140

Current Mailing Address:

2115 REXFORD ROAD
4TH FLOOR
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	ASST. SECRETARY, CHIEF COMPLIANCE OFFICER
Name	VON SAUCKEN, SYLVIUS H.
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	SVP OF COMMERCIAL
Name	DOCHERTY, DANIEL W.
Address	6281 TRI-RIDGE BOULEVARD SUITE 300
City-State-Zip:	LOVELAND OH 45140

Title	SECRETARY, VP OF FINANCE
Name	KOCHER, SHAWN
Address	6281 TRI-RIDGE BOULEVARD SUITE 300
City-State-Zip:	LOVELAND OH 45140

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

Title	CFO
Name	DIXON, DREW
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

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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: SYLVIUS H. VON SAUCKEN ASSISTANT SECRETARY 04/12/2015

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

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

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

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