

**2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F16000001647

**Entity Name:** TDS OPERATING, INC.

**Current Principal Place of Business:**

788 MONTGOMERY AVE  
OCOEE, FL 34761

**FILED**  
**Apr 12, 2017**  
**Secretary of State**  
**CC5777226165**

**Current Mailing Address:**

788 MONTGOMERY AVE  
OCOEE, FL 34761 US

**FEI Number: 47-5022839**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

NRAI SERVICES, INC.  
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           DIRECTOR  
Name           DAVID, STEVEN  
Address        788 MONTGOMERY AVE  
City-State-Zip: OCOEE FL 34761

Title           DIRECTOR  
Name           KOS, JOHN D  
Address        300 N LA SALLE DR  
                  STE 5600  
City-State-Zip: CHICAGO IL 60654

Title           DIRECTOR  
Name           EARL, JOSH  
Address        300 N LA SALLE DR  
                  STE 5600  
City-State-Zip: CHICAGO IL 60654

Title           DIRECTOR  
Name           CUNNINGHAM, SEAN L  
Address        788 MONTGOMERY AVE  
City-State-Zip: OCOEE FL 34761

Title           DIRECTOR  
Name           MIHAS, CONSTANTINE S  
Address        300 N LA SALLE DR  
                  STE 5600  
City-State-Zip: CHICAGO IL 60654

Title           TREASURER/CFO/SECRETARY  
Name           SONKSEN, MARIA  
Address        788 MONTGOMERY AVE  
City-State-Zip: OCOEE FL 34761

Title           PRESIDENT/CEO/DIRECTOR  
Name           WUBKER, STEVEN T  
Address        788 MONTGOMERY AVE  
City-State-Zip: OCOEE FL 34761

*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: MARIA SONKSEN**

**TREASURER/CFO/SECRETARY   04/12/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date