

**2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F93000003593

**Entity Name:** SUNRISE SENIOR LIVING SERVICES, INC.

**Current Principal Place of Business:**

7902 WESTPARK DR.  
MCLEAN, VA 22102

**FILED**  
**Apr 14, 2017**  
**Secretary of State**  
**CC7573509533**

**Current Mailing Address:**

7902 WESTPARK DRIVE  
MCLEAN, VA 22102 US

**FEI Number: 52-1468493**

**Certificate of Status Desired: No**

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

CT 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 P/D  
Name MESTRE, FELIPE  
Address 7902 WESTPARK DR.  
City-State-Zip: MCLEAN VA 22102

Title VP  
Name STEIN, MICHAEL  
Address 7902 WESTPARK DR.  
City-State-Zip: MCLEAN VA 22102

Title VP  
Name COELHO, ANDREW  
Address 7900 WESTPARK DR., STE. T900  
City-State-Zip: MCLEAN VA 22102

Title VP/S  
Name FRANTZ, EDWARD  
Address 7902 WESTPARK DR.  
City-State-Zip: MCLEAN VA 22102

Title VP/T  
Name PAINTER, DAVID  
Address 7902 WESTPARK DR.  
City-State-Zip: MCLEAN VA 22102

Title VP/D  
Name RODER, MARC  
Address 7902 WESTPARK DR.  
City-State-Zip: MCLEAN VA 22102

*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: EDWARD FRANTZ**

**VICE PRESIDENT AND  
SECRETARY**

**04/14/2017**

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

\_\_\_\_\_  
Date