## 2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F93000003593

Entity Name: SUNRISE SENIOR LIVING SERVICES, INC.

**Current Principal Place of Business:** 

7900 WESTPARK DR.

STE. T900

MCLEAN, VA 22102

**Current Mailing Address:** 

7900 WESTPARK DR., STE. T900 ATTN: LEGAL DEPT 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

FILED Feb 21, 2014

**Secretary of State** 

CC1320391280

Officer/Director Detail:

Title P/D Title VP

Name MESTRE, FELIPE Name STEIN, MICHAEL

Address 7900 WESTPARK DR, STE, T900 Address 7900 WESTPARK DR., STE. T900

City-State-Zip: MCLEAN VA 22102 City-State-Zip: MCLEAN VA 22102

Title VP Title VP/S

Name COELHO, ANDREW Name TIMONER, SUSAN

Address 7900 WESTPARK DR., STE. T900 Address 7900 WESTPARK DR., STE. T900

City-State-Zip: MCLEAN VA 22102 City-State-Zip: MCLEAN VA 22102

Title VP/T Title VP/D

Name PAINTER, DAVID Name RODER, MARC

Address 7900 WESTPARK DR., STE. T900 Address 7900 WESTPARK DR.

STE. T900

City-State-Zip: MCLEAN VA 22102 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: SUSAN TIMONER

Electronic Signature of Signing Officer/Director Detail

**SECRETARY** 

02/21/2014