

2021 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96000005339

Entity Name: FLORIDA-CRC CORP.**Current Principal Place of Business:**1427 CLARKVIEW ROAD
SUITE 500
BALTIMORE, MD 21209-2100**Current Mailing Address:**1427 CLARKVIEW ROAD
SUITE 500
BALTIMORE, MD 21209-2100**FEI Number:** 52-0738521**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**HF REGISTERED AGENTS, LLC
1715 MONROE STREET
FORT MYERS, FL 33901 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, VP, TREASURER
Name LUETKEMEYER, JR., JOHN A
Address 1427 CLARKVIEW RD SUITE 500
City-State-Zip: BALTIMORE MD 21209

Title DIRECTOR, VP, SECRETARY
Name SCHAPIRO, J. MARK
Address 1427 CLARKVIEW RD SUITE 500
City-State-Zip: BALTIMORE MD 21209

Title VP, ASSISTANT SECRETARY
Name WAYNE, LAUREN
Address 1427 CLARKVIEW RD SUITE 500
City-State-Zip: BALTIMORE MD 21209

Title VP
Name RIEF, LAWRENCE G
Address 1427 CLARKVIEW RD SUITE 500
City-State-Zip: BALTIMORE MD 21209

Title DIRECTOR, PRESIDENT, CEO
Name SCHAPIRO, J.M III
Address 1427 CLARKVIEW RD SUITE 500
City-State-Zip: BALTIMORE MD 21209

Title LIMITED VICE PRESIDENT
Name SCHAEFER, JOSEPH
Address 1427 CLARKVIEW ROAD
SUITE 500
City-State-Zip: BALTIMORE MD 21209-2100

Title VP
Name DONATO, DAVID
Address 1427 CLARKVIEW ROAD
SUITE 500
City-State-Zip: BALTIMORE MD 21209-2100

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: LAUREN WAYNE

VP ACCOUNTING

02/01/2021

Electronic Signature of Signing Officer/Director Detail_____
Date