**2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

**FILED**
**Apr 28, 2017**
**Secretary of State**
**CC4641636487**

DOCUMENT# F97000003603

**Entity Name:** DIAMOND RESORTS MANAGEMENT, INC.

**Current Principal Place of Business:**

10600 W. CHARLESTON BLVD.
LAS VEGAS, NV 89135

**Current Mailing Address:**

10600 W. CHARLESTON BLVD.
LAS VEGAS, NV 89135 US

**FEI Number: 86-0713421**

**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 | SEC/DIR |
| Name | SHALMY, MICHAEL |
| Address | 10600 W. CHARLESTON BLVD. |
| City-State-Zip: | LAS VEGAS NV 89135 |

| | |
|---|---|
| Title | ASST. SEC |
| Name | KOTCH, GABRIEL |
| Address | 10600 W. CHARLESTON BLVD. |
| City-State-Zip: | LAS VEGAS NV 89135 |

| | |
|---|---|
| Title | VP |
| Name | WOMER, DAVID |
| Address | 10600 W. CHARLESTON BLVD. |
| City-State-Zip: | LAS VEGAS NV 89135 |

| | |
|---|---|
| Title | DIRECTOR |
| Name | GANN, LISA |
| Address | 10600 W. CHARLESTON BLVD. |
| City-State-Zip: | LAS VEGAS NV 89135 |

| | |
|---|---|
| Title | PRESIDENT |
| Name | SIEGEL, KENNETH |
| Address | 10600 W. CHARLESTON BLVD. |
| City-State-Zip: | LAS VEGAS NV 89135 |

| | |
|---|---|
| Title | TREAS |
| Name | LUU, LILLIAN |
| Address | 10600 W. CHARLESTON BLVD. |
| City-State-Zip: | LAS VEGAS NV 89135 |

| | |
|---|---|
| Title | DIRECTOR |
| Name | HOLMES, KEITH |
| Address | 10600 W. CHARLESTON BLVD. |
| City-State-Zip: | LAS VEGAS NV 89135 |

| | |
|---|---|
| Title | CFO |
| Name | BENTLEY, C. ALAN |
| Address | 10600 W. CHARLESTON BLVD. |
| City-State-Zip: | LAS VEGAS NV 89135 |

**Continues on page 2**

*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: MICHAEL SHALMY SECRETARY 04/28/2017

Electronic Signature of Signing Officer/Director Detail — Date

**Officer/Director Detail Continued :**

| | |
|---|---|
| Title | ASST SEC |
| Name | OLSANSKY, ALEX |
| Address | 10600 W. CHARLESTON BLVD. |
| City-State-Zip: | LAS VEGAS NV 89135 |

| | |
|---|---|
| Title | CEO |
| Name | FLASKEY, MICHAEL |
| Address | 10600 W. CHARLESTON BLVD. |
| City-State-Zip: | LAS VEGAS NV 89135 |