

2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT

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FILED
Apr 20, 2017
Secretary of State
CC1270476873

Entity Name: IRT CAPITAL CORPORATION II

Current Principal Place of Business:

1 INDEPENDENT DRIVE
SUITE 114
JACKSONVILLE, FL 32202

Current Mailing Address:

1 INDEPENDENT DRIVE
SUITE 114
JACKSONVILLE, FL 32202 US

FEI Number: 58-2244144

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

F&L CORP
1 INDEPENDENT DRIVE
SUITE 1300
JACKSONVILLE, FL 32202 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: CHARLES HEDRICK

04/20/2017

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title SVP
Name ARGALA, BARRY E
Address 1 INDEPENDENT DRIVE
SUITE 114
City-State-Zip: JACKSONVILLE FL 32202

Title VP
Name BELL, ERNST A
Address 1 INDEPENDENT DRIVE
SUITE 114
City-State-Zip: JACKSONVILLE FL 32202

Title VP
Name BRETTINGEN, ANNE
Address 1 INDEPENDENT DRIVE
SUITE 114
City-State-Zip: JACKSONVILLE FL 32202

Title VP
Name CHANDLER, DAN M
Address 915 WILSHIRE BLVD
SUITE 2200
City-State-Zip: LOS ANGELES CA 90017

Title VP
Name CHOQUETTE, KENNETH
Address 1600 NE MIAMI GARDENS DRIVE N
City-State-Zip: MIAMI BEACH FL 33179

Title VP
Name CLARK, LAURA E
Address 1 INDEPENDENT DRIVE
SUITE 114
City-State-Zip: JACKSONVILLE FL 32202

Title VP
Name CONWAY, PATRICK N
Address 915 WILSHIRE BLVD
SUITE 2200
City-State-Zip: LOS ANGELES CA 90017

Title VP
Name CORINI, DAVID D
Address 1919 GALLOWS RD
SUITE 1000
City-State-Zip: VIENNA VA 22182

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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: KATHY D MILLER

SVP

04/20/2017

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title VP
Name DAMRATH, WILLIAM J
Address 1873 SOUTH BELLAIRE ST
SUITE 600
City-State-Zip: DENVER CO 80222

Title VP
Name DEVEREAUX, TERAH L
Address 1 INDEPENDENT DRIVE
SUITE 114
City-State-Zip: JACKSONVILLE FL 32202

Title SVP
Name DI LACONI, KRISTA C
Address 1919 GALLOWS RD
SUITE 1000
City-State-Zip: VIENNA VA 22182

Title VP
Name HANAK, JAN X
Address 1 INDEPENDENT DRIVE
SUITE 114
City-State-Zip: JACKSONVILLE FL 32202

Title VP
Name HENDY, MATTHEW N
Address 1211 W 22ND STREET
SUITE 300
City-State-Zip: OAK BROOK IL 60523

Title VP
Name HRICKO, JOHN R
Address 150 MONUMENT RD
SUITE 5406
City-State-Zip: BALA CYNWYD PA 19004

Title VP
Name JOHNSON, PATRICK M
Address 1 INDEPENDENT DRIVE
SUITE 114
City-State-Zip: JACKSONVILLE FL 32202

Title SVP
Name JOHNSTON, DALE S
Address 1 INDEPENDENT DRIVE
SUITE 114
City-State-Zip: JACKSONVILLE FL 32202

Title SVP
Name KNOEDLER, PETER J
Address 2999 OAK ROAD
SUITE 1000
City-State-Zip: WALNUT CREEK CA 94597

Title SVP
Name KREJS, PATRICK P

Title MD
Name DELATOUR, JOHN S
Address 8080 NORTH CENTRAL EXPRESSWAY
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City-State-Zip: DALLAS TX 75206

Title VP
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Title VP
Name HAYES, JOHN P
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Name HOFHEIMER, NORMAN A
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Title VP
Name HUSSEIN, OMAR H
Address 420 STEVENS AVE
SUITE 320
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Title SVP
Name JOHNSTON, BARBARA C
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Title SVP
Name KINSELLA, MICHAEL R
Address 4041 PARK OAKS DRIVE
SUITE 110
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Title SVP
Name KOLESZAR, ANDRE N
Address 3715 NORTHSIDE PKWY 400
NORTHCREEK
SUITE 400
City-State-Zip: ATLANTA GA 30327

Title SVP

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SUITE 600
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Title SVP
Name LEFTWICH, SNOWDEN M
Address 1873 SOUTH BELLAIRE STREET
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Title VP
Name MAXWELL, PAUL C
Address 3001 PGA BLVD
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Title VP
Name MCNULTY, DAVID A
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Title VP
Name MEREDITH, THOMAS
Address 1900 NW CORPORATE BLVD
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Title VP
Name MUMFORD, ANDREW
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Title VP
Name MURPHY, JOHN W
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SUITE 320
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Title VP
Name NEEL, SHANA R
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Title VP
Name PACETTI, DAVID A
Address 3700 BUFFALO SPEEDWAY
SUITE 560
City-State-Zip: HOUSTON TX 77098
Title VP
Name PAUL, THOMAS C
Address 1 INDEPENDENT DRIVE
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Name LEAVITT, JOHN C
Address 1 INDEPENDENT DRIVE
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Title MD
Name MAS, MICHAEL J
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Name MCKINLEY, PATRICK J
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Title SVP
Name MEHIGAN, JOHN T
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Title PRESIDENT
Name PALMER, LISA
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Title CFO
Name STEIN, MARTIN E
Address 1 INDEPENDENT DRIVE
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City-State-Zip: JACKSONVILLE FL 32202

Title EVP
Name THOMPSON, JAMES D
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Title MD
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Name WILSON, SCOTT L
Address 2999 OAK ROAD
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Title VP
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