

**2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F99000002714

**FILED**  
**Feb 23, 2016**  
**Secretary of State**  
**CC5358351838**

**Entity Name:** IRT CAPITAL CORPORATION II

**Current Principal Place of Business:**

1600 NE MIAMI GARDENS DRIVE  
NORTH MIAMI BEACH, FL 33179

**Current Mailing Address:**

1600 NE MIAMI GARDENS DRIVE  
NORTH MIAMI BEACH, FL 33179

**FEI Number:** 58-2244144

**Certificate of Status Desired:** No

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 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            CEOD  
Name            LUKES, DAVID  
Address         410 PARK AVENUE  
                  SUITE 1220  
City-State-Zip: NEW YORK NY 10022

Title            COO  
Name            MAKINEN, MICHAEL L  
Address         410 PARK AVENUE  
                  SUITE 1220  
City-State-Zip: NEW YORK NY 10022

Title            VPT  
Name            OSTROWER, MATTHEW  
Address         410 PARK AVENUE  
                  SUITE 1220  
City-State-Zip: NEW YORK NY 10022

Title            P  
Name            CAPUTO, THOMAS  
Address         410 PARK AVENUE  
                  SUITE 1220  
City-State-Zip: NEW YORK NY 10022

Title            VPSD  
Name            KITLOWSKI, AARON  
Address         410 PARK AVENUE  
                  SUITE 1220  
City-State-Zip: NEW YORK NY 10022

*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:** AARON KITLOWSKI

VPSD

02/23/2016

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

\_\_\_\_\_  
Date