## 2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01441

Entity Name: BROOKFIELD RELOCATION INC.

**Current Principal Place of Business:** 

150 HARVESTER DRIVE

SUITE 201

BURR RIDGE, IL 60527

**Current Mailing Address:** 

150 HARVESTER DRIVE

SUITE 201

BURR RIDGE, IL 60527 US

FEI Number: 84-0913622 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

**FILED** Apr 18, 2019

**Secretary of State** 

1128614061CC

Officer/Director Detail:

Title D Title DIRECTOR

BALLOT, RICHARD Name Name WILLIAMS, KENT

39 WYNFORD DRIVE Address 150 HARVESTER DRIVE Address

SUITE 201

City-State-Zip: TORONTO M3C 3K5 BURR RIDGE IL 60527 City-State-Zip:

Title **DIRECTOR** Title ASSISTANT VICE PRESIDENT

Name MORRIS, TRACI FEDORKA, LISA Name

150 HARVESTER DRIVE Address Address

TWO CORPORATE DRIVE SUITE 201 SUITE 450

BURR RIDGE IL 60527 City-State-Zip: SHELTON CT 06484 City-State-Zip:

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.

Electronic Signature of Signing Officer/Director Detail