

**2015 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:**

TWO CORPORATE DRIVE  
SUITE 450  
SHELTON, CT 06484 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

**Officer/Director Detail :**

Title D  
Name THOMAS, HOGAN  
Address 465 SOUTH STREET  
City-State-Zip: MORRISTOWN NJ 07960

Title VP  
Name LYNCH, CHRIS  
Address 39 WYNFORD DRIVE  
City-State-Zip: TORONTO ON M3C3K-5

Title DIRECTOR  
Name MCGEE, MICHAEL  
Address 39 WYNFORD DRIVE  
City-State-Zip: TORONTO ONTARIO M3C 3K5

Title ASSISTANT VICE PRESIDENT  
Name FEDORKA, LISA  
Address TWO CORPORATE DRIVE  
SUITE 450  
City-State-Zip: SHELTON CT 06484

Title DIRECTOR  
Name MORRIS, TRACI  
Address 150 HARVESTER DRIVE  
SUITE 201  
City-State-Zip: BURR RIDGE IL 60527

*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:** LISA FEDORKA

ASSISTANT VP

03/23/2015

Electronic Signature of Signing Officer/Director Detail

Date