

**2017 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

**Officer/Director Detail :**

Title	D
Name	BALLOT, RICHARD
Address	150 HARVESTER DRIVE SUITE 201
City-State-Zip:	BURR RIDGE IL 60527
Title	ASSISTANT VICE PRESIDENT
Name	FEDORKA, LISA
Address	TWO CORPORATE DRIVE SUITE 450
City-State-Zip:	SHELTON CT 06484

Title	DIRECTOR
Name	WILLIAMS, KENT
Address	39 WYNFORD DRIVE
City-State-Zip:	TORONTO M3C 3K5
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

AVP

04/06/2017

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

\_\_\_\_\_  
Date