

2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 827186

Entity Name: CDR MAGUIRE INC.

Current Principal Place of Business:

8669 NW 36 STREET
SUITE 340
DORAL, FL 33166

FILED
Mar 19, 2014
Secretary of State
CC8690272831

Current Mailing Address:

8669 NW 36 STREET
SUITE 340
DORAL, FL 33166 US

FEI Number: 05-0318211

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

DUART, CARLOS A
8669 NW 36 STREET
SUITE 340
DORAL, FL 33166 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	PTD
Name	DUART, CARLOS A
Address	8669 NW 36 STREET SUITE 340
City-State-Zip:	DORAL FL 33166
Title	CEOD
Name	BERNARDO, RICHARD
Address	225 CHAPMAN STREET
City-State-Zip:	PROVIDENCE RI 02905
Title	VPD
Name	CARUSO, FABRIZIO
Address	211 CONGRESS STREET, 11TH FLOOR
City-State-Zip:	BOSTON MA 02110
Title	VP
Name	DILUZIO, ANTHONY
Address	211 CONGRESS STREET 11TH FLOOR
City-State-Zip:	BOSTON MA 02110

Title	S
Name	PAPALIA, SHERRILL T
Address	211 CONGRESS STREET, 11TH FLOOR
City-State-Zip:	BOSTON MA 02110
Title	VP
Name	STOCKHAUSEN, THOMAS
Address	503 MARTINDALE STREET SUITE 610
City-State-Zip:	PITTSBURGH PA 15212
Title	D
Name	MORRISON, PETER
Address	225 CHAPMAN STREET
City-State-Zip:	PROVIDENCE RI 02905
Title	EXECUTIVE VP
Name	ANDRE, DUART
Address	8669 NW 36 STREET SUITE 340
City-State-Zip:	DORAL FL 33166

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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: CARLOS A. DUART

PRESIDENT

03/19/2014

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title VP
Name FREEMAN, DAVID
Address 225 CHAPMAN STREET
City-State-Zip: PROVIDENCE RI 02905

Title VP
Name MACEY, MATTHEW
Address 503 MARTINDALE STREET
6TH FLOOR
City-State-Zip: PITTSBURGH PA 15212

Title VP
Name ROCCHINI, LOUIS
Address 503 MARTINDALE STREET
6TH FLOOR
City-State-Zip: PITTSBURGH PA 15212

Title VP
Name WU, YIHUI
Address 225 CHAPMAN STREET
City-State-Zip: PROVIDENCE RI 02905

Title VP
Name LANDRY, STEVEN
Address 211 CONGRESS STREET
11TH FLOOR
City-State-Zip: BOSTON MA 02110

Title SENIOR VP
Name MOORMAN, MICHAEL
Address 503 MARTINDALE STREET
SUITE 610
City-State-Zip: PITTSBURGH PA 15212

Title VP
Name STOCK, DAVID
Address 2080 SILAS DEANE HIGHWAY
City-State-Zip: ROCKY HILL CT 06067

Title CFO
Name GASSENHEIMER, EARL H
Address 8669 NW 36 STREET
SUITE 340
City-State-Zip: DORAL FL 33166