

2016 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
Feb 02, 2016
Secretary of State
CC5574275069

Current Mailing Address:

8669 NW 36 STREET
SUITE 340
DORAL, FL 33166 US

FEI Number: 05-0318211

Certificate of Status Desired: No

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	Title	S
Name	DUART, CARLOS A	Name	KERR, KATRINA
Address	8669 NW 36 STREET SUITE 340	Address	8669 NW 36 STREET SUITE 340
City-State-Zip:	DORAL FL 33166	City-State-Zip:	DORAL FL 33166
Title	CEO, SVP, D	Title	VP
Name	BERNARDO, RICHARD	Name	AMORELLO, MATTHEW
Address	225 CHAPMAN STREET 4TH FLOOR	Address	2 GRANITE AVENUE SUITE 150
City-State-Zip:	PROVIDENCE RI 02905	City-State-Zip:	MILTON MA 02186
Title	EXECUTIVE VP	Title	VP
Name	DUART, ANDRE	Name	FREEMAN, DAVID
Address	8669 NW 36 STREET SUITE 340	Address	225 CHAPMAN STREET 4TH FLOOR
City-State-Zip:	DORAL FL 33166	City-State-Zip:	PROVIDENCE RI 02905
Title	VP	Title	VP
Name	LANDRY, STEVEN	Name	MACEY, MATTHEW
Address	225 CHAPMAN STREET 4TH FLOOR	Address	503 MARTINDALE STREET 6TH FLOOR
City-State-Zip:	PROVIDENCE RI 02905	City-State-Zip:	PITTSBURGH PA 15212

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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

02/02/2016

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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

Title VP
Name WU, YIHUI
Address 225 CHAPMAN STREET
4TH FLOOR
City-State-Zip: PROVIDENCE RI 02905

Title CAO
Name VIDAL, TINA
Address 8669 NW 36 STREET
SUITE 340
City-State-Zip: DORAL FL 33166

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

Title VP
Name STEVENS, JEFFREY
Address 225 CHAPMAN STREET
4TH FLOOR
City-State-Zip: PROVIDENCE RI 02905

Title D
Name SACCOCCIO, MARK
Address 2 GRANITE AVENUE
SUITE 150
City-State-Zip: MILTON MA 02186