

2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 830151

Entity Name: CALLISONRTKL INC.

Current Principal Place of Business:

901 S. BOND STREET
BALTIMORE, MD 21231

Current Mailing Address:

901 SOUTH BOND ST.
BALTIMORE, MD 21231 US

FEI Number: NOT APPLICABLE

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S PINE ISLAND RD
PLANTATION, FL 33324 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 PRESIDENT / CEO, DIRECTOR
Name NEAL, TIM
Address 25 FARRINGDON STREET
City-State-Zip: 10TH FLOOR EC4A 4AB

Title SECRETARY, SVP
Name MILLER, ROBYN L.
Address 333. S. HOPE STREET
SUITE C-200
City-State-Zip: LOS ANGELES CA 90071

Title CFO, TREASURER, DIRECTOR, EVP
Name PACE, RANDALL S.
Address 901 SOUTH BOND ST.
City-State-Zip: BALTIMORE MD 21231

Title DIRECTOR, EVP
Name FARRELL, KELLY
Address 333. S. HOPE STREET
SUITE C-200
City-State-Zip: LOS ANGELES CA 90071

Title DIRECTOR, EVP
Name LAGERBERG, ERIC
Address 148 LAFAYETTE STREET
11TH FLOOR
City-State-Zip: NEW YORK NY 10013

Title VP
Name FREED, DANIEL
Address 396 ALHAMBRA CIRCLE
SOUTH TOWER
City-State-Zip: CORAL GABLES FL 33134

Title AVP
Name BONDESON, JOHN
Address 396 ALHAMBRA CIRCLE
SOUTH TOWER
City-State-Zip: CORAL GABLES FL 33134

Title VP
Name AVETON, NOEL
Address 1717 PACIFIC AVENUE
City-State-Zip: DALLAS TX 75201

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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: ROBYN MILLER

SECRETARY

01/08/2019

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date

Officer/Director Detail Continued :

Title DIRECTOR
Name LUNDGREN, TODD
Address 25 FARRINGDON STREET
 10TH FLOOR
City-State-Zip: LONDON EC4A 4AB

Title DIRECTOR
Name BILLERBECK, MATTHEW
Address 1420 FIFTH AVE
 SUITE 2400
City-State-Zip: SEATTLE WA 98101

Title AVP
Name DANOWSKI, MATTHEW
Address 901 S. BOND STREET
City-State-Zip: BALTIMORE MD 21231