

**2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 830151

**FILED**  
**Jan 24, 2020**  
**Secretary of State**  
**1617458963CC**

**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            FARRELL, KELLY  
Address        333 S. HOPE STREET  
                  C-200  
City-State-Zip: LOS ANGELES CA 90071

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

Title            SENIOR AVP  
Name            GOODIN, GINA  
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

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

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

*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 L. MILLER

**SECRETARY**

**01/24/2020**

Electronic Signature of Signing Officer/Director Detail

Date