

**2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F06000001245

**Entity Name:** BRADVILLE, INC.

**Current Principal Place of Business:**

621 CAPITOL MALL, STE 1900  
SACRAMENTO, CA 95814

**Current Mailing Address:**

621 CAPITOL MALL, STE 1900  
SACRAMENTO, CA 95814

**FEI Number:** 68-0016785

**Certificate of Status Desired:** No

**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 DC  
Name LEWIS, JULIAN  
Address 621 CAPITOL MALL, SUITE 1900  
City-State-Zip: SACRAMENTO CA 95814

Title DP  
Name HILL, EVA H  
Address 621 CAPITOL MALL, SUITE 1900  
City-State-Zip: SACRAMENTO CA 95814

Title DS  
Name SOIN, MARIANNE  
Address 621 CAPITOL MALL, SUITE 1900  
City-State-Zip: SACRAMENTO CA 95814

Title VP  
Name ISHERWOOD, MICHAEL  
Address 621 CAPITOL MALL, SUITE 1900  
City-State-Zip: SACRAMENTO CA 95814

Title CFO  
Name LUCAS, TARA  
Address 621 CAPITOL MALL, SUITE 1900  
City-State-Zip: SACRAMENTO CA 95814

*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:** MARIANNE SOIN

**SECRETARY**

**01/06/2016**

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

\_\_\_\_\_  
Date