

1.) CORPORATION NAME:

**DIAMOND RESORTS INTERNATIONAL MARKETING, INC.**

DUE DATE: **5/31/2016**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**NATIONAL REGISTERED AGENTS INC  
4701 COX ROAD, SUITE 285  
GLEN ALLEN, VA**

SCC ID NO: **F1294059**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	2,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HENRICO COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**CA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 10600 W CHARLESTON BLVD

CITY/ST/ZIP: LAS VEGAS, NV 89135

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME:	DAVID F PALMER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT & CEO		
ADDRESS:	10600 W CHARLESTON BLVD		
CITY/ST/ZIP/CO:	LAS VEGAS, NV 89135		

NAME:	HOWARD LANZNAR	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	10600 W CHARLESTON BLVD		
CITY/ST/ZIP/CO:	LAS VEGAS, NV 89135		

NAME:	DAVID WOMER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	10600 W CHARLESTON BLVD		
CITY/ST/ZIP/CO:	LAS VEGAS, NV 89135		

NAME:	LILLIAN LUU	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	10600 W CHARLESTON BLVD		
CITY/ST/ZIP/CO:	LAS VEGAS, NV 89135		

NAME:	JARED FINKELSTEIN	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SECRETARY & DIR		
ADDRESS:	10600 W CHARLESTON BLVD		
CITY/ST/ZIP/CO:	LAS VEGAS, NV 89135		

NAME:	C. ALAN BENTLEY	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	CFO		
ADDRESS:	10600 W CHARLESTON BLVD		
CITY/ST/ZIP/CO:	LAS VEGAS, NV 89135		

NAME: ALEX OLSANSKY TITLE: ASST SECRETARY ADDRESS: 10600 W. CHARLESTON BLVD. CITY/ST/ZIP/CO: LAS VEGAS, NV 89135	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: MICHAEL SHALMY TITLE: ASST SECRETARY ADDRESS: 10600 W. CHARLESTON BLVD. CITY/ST/ZIP/CO: LAS VEGAS, NV 89135	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: LISA GANN TITLE: DIRECTOR ADDRESS: 10600 W CHARLESTON BLVD CITY/ST/ZIP/CO: LAS VEGAS, NV 89135	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: KEITH HOLMES TITLE: DIRECTOR ADDRESS: 10600 W CHARLESTON BLVD CITY/ST/ZIP/CO: LAS VEGAS, NV 89135	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
<b>I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.</b>		
/s/ JARED FINKELSTEIN _____ SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	JARED FINKELSTEIN, SECRETARY & DIR _____ PRINTED NAME AND CORPORATE TITLE	5/27/2016 _____ DATE
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.		