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| SCC eFile | 2014 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION | 214544502 |
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|---|---|-------|------------|--------|-----|
| 1.) CORPORATION NAME: CSDVRS Management Services, Inc. | DUE DATE: 10/31/2014 | | | | |
| 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: INCorp SERVICES INC 7288 HANOVER GREEN DR MECHANICSVILLE, VA | SCC ID NO: F1770074 | | | | |
| 3.) CITY OR COUNTY OF VA REGISTERED OFFICE: HANOVER COUNTY | 5.) STOCK INFORMATION | | | | |
| 4.) STATE OR COUNTRY OF INCORPORATION: DE | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> <tr> <td>COMMON</td> <td>100</td> </tr> </table> | CLASS | AUTHORIZED | COMMON | 100 |
| CLASS | AUTHORIZED | | | | |
| COMMON | 100 | | | | |

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 600 CLEVELAND ST
STE 1000

CITY/ST/ZIP: CLEARWATER, FL 33755

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.

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|--------------------------------------|-------------------------------------|---------|-------------------------------------|----------|
| NAME: SEAN BELANGER | <input checked="" type="checkbox"/> | OFFICER | <input checked="" type="checkbox"/> | DIRECTOR |
| TITLE: PRESIDENT | | | | |
| ADDRESS: 600 CLEVELAND ST STE 1000 | | | | |
| CITY/ST/ZIP/CO: CLEARWATER, FL 33755 | | | | |

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|--------------------------------------|-------------------------------------|---------|--------------------------|----------|
| NAME: STACY WAGNER | <input checked="" type="checkbox"/> | OFFICER | <input type="checkbox"/> | DIRECTOR |
| TITLE: TREASURER | | | | |
| ADDRESS: 600 CLEVELAND ST STE 1000 | | | | |
| CITY/ST/ZIP/CO: CLEARWATER, FL 33755 | | | | |

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|----------------------------------|--------------------------|---------|-------------------------------------|----------|
| NAME: GILLIS CASHMAN | <input type="checkbox"/> | OFFICER | <input checked="" type="checkbox"/> | DIRECTOR |
| TITLE: DIRECTOR | | | | |
| ADDRESS: 75 STATE ST 2500 | | | | |
| CITY/ST/ZIP/CO: BOSTON, MA 02109 | | | | |

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|----------------------------------|--------------------------|---------|-------------------------------------|----------|
| NAME: WADE PHILLIPS | <input type="checkbox"/> | OFFICER | <input checked="" type="checkbox"/> | DIRECTOR |
| TITLE: DIRECTOR | | | | |
| ADDRESS: 75 STATE ST 2500 | | | | |
| CITY/ST/ZIP/CO: BOSTON, MA 02109 | | | | |

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|---------------------------------------|--------------------------|---------|-------------------------------------|----------|
| NAME: BENJAMIN SOUKOP | <input type="checkbox"/> | OFFICER | <input checked="" type="checkbox"/> | DIRECTOR |
| TITLE: DIRECTOR | | | | |
| ADDRESS: 102 N KROHN PL | | | | |
| CITY/ST/ZIP/CO: SIOUX FALLS, SD 57103 | | | | |

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.

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|---|----------------------------------|-----------|
| /s/ STACY WAGNER | STACY WAGNER, TREASURER | 9/26/2014 |
| SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT | PRINTED NAME AND CORPORATE TITLE | 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.