

SCC eFile

2015 ANNUAL REPORT  
COMMONWEALTH OF VIRGINIA  
STATE CORPORATION COMMISSION

215518868

1.) CORPORATION NAME:

**Destination Long Point, Inc.**

DUE DATE: **6/30/2015**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CORPORATION SERVICE COMPANY  
Bank of America Center, 16th Floor  
1111 East Main Street**

SCC ID NO: **F1792243**

**RICHMOND, VA**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**RICHMOND CITY**

4.) STATE OR COUNTRY OF INCORPORATION:

**CA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 11777 SAN VICENTE BLVD  
STE 900

CITY/ST/ZIP: LOS ANGELES, CA 90049

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:	JAMES H SABATIER	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	11777 SAN VICENTE BLVD.		
	SUITE 900		
CITY/ST/ZIP/CO:	LOS ANGELES, CA 90049		

NAME:	MARK HAYS	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	10333 E DRY CREEK RD		
	STE 450		
CITY/ST/ZIP/CO:	ENGLEWOOD, CO 80212		

NAME:	JOHN M DEMARCO	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SR VP CORP CSL		
ADDRESS:	11777 SAN VICENTE BLVD		
	STE 900		
CITY/ST/ZIP/CO:	LOS ANGELES, CA 90049		

NAME:	TERRI HAACK	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	11777 SAN VICENTE BLVD		
	STE 900		
CITY/ST/ZIP/CO:	LOS ANGELES, CA 90049		

NAME:	RONALD SANDVIG	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	11777 SAN VICENTE BLVD		
	STE 900		
CITY/ST/ZIP/CO:	LOS ANGELES, CA 90049		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	KAREN I SCHLESIER VICE PRESIDENT 11777 SAN VICENTE BLVD STE 900 LOS ANGELES, CA 90049	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	WILLIAM T WETHE CFO SR VP 11777 SAN VICENTE BLVD #900 LOSANGELES, CA 90049	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	WILLIAM T WETHE TREASURER 11777 SAN VICENTE BLVD. STE. 900 LOS ANGELES, CA 90049	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DONA TANAKA SECRETARY 11777 SAN VICENTE BLVD #900 LOS ANGELES, CA 90049	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	AVEDICK B POLADIAN DIRECTOR 11777 SAN VICENTE BLVD #900 LOS ANGELES, CA 90049	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
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.					
/s/ DONA TANAKA		DONA TANAKA, SECRETARY		5/15/2015	
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.					