

Filed
Secretary of State
State of Washington
Date Filed: 01/03/2018
Effective Date: 01/03/2018
UBI #: 603 466 107

Annual Report

BUSINESS INFORMATION

Business Name:

SEASONS LYNNWOOD, LLC

UBI Number:

603 466 107

Business Type:

FOREIGN LIMITED LIABILITY COMPANY

Business Status:

ACTIVE

Principal Office Street Address:

7 HANOVER SQUARE, 20TH FLOOR, NEW YORK, NY, 10004, USA

Principal Office Mailing Address:

7 HANOVER SQUARE, 20TH FLOOR, NEW YORK, NY, 10004, USA

Expiration Date:

01/31/2019

Jurisdiction:

UNITED STATES, DELAWARE

Formation/Registration Date:

01/09/2015

Period of Duration:

PERPETUAL

Inactive Date:

Nature of Business:

REGISTERED AGENT RCW 23.95.410

Registered Agent Name Street Address Mailing Address

CORPORATION SERVICE 300 DESCHUTES WAY SW STE 304, 300 DESCHUTES WAY SW STE 304,

COMPANY TUMWATER, WA, 98501, UNITED STATES TUMWATER, WA, 98501, UNITED STATES

PRINCIPAL OFFICE

Phone:

Email:

JESSICA.STAFFORD@CSCGLOBAL.COM

Street Address:

7 HANOVER SQUARE, 20TH FLOOR, NEW YORK, NY, 10004, USA

This document is a public record. For more information visit www.sos.wa.gov/corps

Mailing Address:

7 HANOVER SQUARE , 20TH FLOOR , NEW YORK, NY, 10004, USA

GOVERNORS

| <u> </u> | | | | | |
|-----------------------------------|--------------|--|---------------|--------------|---------|
| Title | Type | Entity Name | First Name | Last Name | Address |
| GOVERNOR | ENTITY | THE GUARDIAN LIFE INSURANCE COMPANY OF AMERICA | | | |
| NATURE | OF BI | JSINESS | | | |
| ı INSURA | ANCE | | | | |
| EFFECTI | VE DA | ATE | | | |
| Effective Date: 01/02/2018 | | | | | |
| CONTRO | LLING | SINTEREST | | | |
| Does your com | pany own | real property (including leasehold interests) in Washington? | | | |
| RETURN | ADDF | RESS FOR THIS FILING | | | |
| Attention: Email: Address: | | | | | |
| UPLOAD | ADDI | TIONAL DOCUMENTS | | | |
| Do you have ac | lditional de | ocuments to upload? No | | | |
| AUTHOR | IZED I | PERSON | | | |
| I am an auti | horized pe | rson. | | | |
| Person Type: INDIVIDUAL | | | | | |
| First Name: MATTHEW I | P. | | | | |
| Last Name: BRENNAN | | | | | |
| Title: | D PERSO | ON . | | | |

This document is hereby executed under penalty of law and is to the best of my knowledge, true and correct.