

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# L35182

**FILED**  
**Mar 02, 2016**  
**Secretary of State**  
**CC3248359502**

**Entity Name:** NORTHWESTERN CAPITAL CORPORATION

**Current Principal Place of Business:**

ONE BAYFRONT PLAZA; SUITE 900  
100 SOUTH BISCAYNE BLVD STE 900  
MIAMI, FL 33131

**Current Mailing Address:**

ONE BAYFRONT PLAZA; SUITE 900  
100 SOUTH BISCAYNE BLVD STE 900  
MIAMI, FL 33131 US

**FEI Number:** 65-0165492

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

HOLLO, JEROME  
100 S BISCAYNE BLVD  
STE 900  
MIAMI, FL 33131 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 VP  
Name SWERDLIN, LEE  
Address ONE BAYFRONT PLAZA; SUITE 900  
City-State-Zip: MIAMI FL 33131

Title PD  
Name HOLLO, WAYNE R.  
Address 100 S. BISCAYNE BLVD. STE 900  
City-State-Zip: MIAMI FL 33131

Title VPS  
Name HOLLO, TIBOR  
Address 100 SO BISCAYNE BLVD STE 900  
City-State-Zip: MIAMI FL 33131

Title VP  
Name HOLLO, JEROME  
Address 100 S. BISCAYNE BLVD STE 900  
City-State-Zip: MIAMI FL 33131

Title T  
Name KATZ, LEONARD  
Address 100 S. BISCAYNE BLVD STE 900  
City-State-Zip: MIAMI FL 33131

*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:** LEONARD KATZ

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03/02/2016

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Electronic Signature of Signing Officer/Director Detail

Date