

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# V23978

**Entity Name:** SCHILLER TRADE SYSTEMS, INCORPORATED

**Current Principal Place of Business:**

5290 BIG ISLAND DR  
STE 1417  
JACKSONVILLE, FL 32246

**Current Mailing Address:**

5290 BIG ISLAND DR  
STE 1417  
JACKSONVILLE, FL 32246 US

**FEI Number:** 65-0322930

**Certificate of Status Desired:** No

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

SCHILLER, BRUCE  
5290 BIG ISLAND DR  
STE 1417  
JACKSONVILLE, FL 32246 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 CPD  
Name SCHILLER, BRUCE  
Address 5290 BIG ISLAND DR APT 1417  
City-State-Zip: JACKSONVILLE FL 32246

Title STD  
Name SCHILLER, KAREN J.  
Address 5290 BIG ISLAND DR  
STE 1417  
City-State-Zip: JACKSONVILLE FL 32246

*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:** BRUCE SCHILLER

**VICE PRESIDENT**

**01/23/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date