

**2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F01000000964

**Entity Name:** AMG DISTRIBUTORS, INC.**Current Principal Place of Business:**680 WASHINGTON BOULEVARD  
SUITE 500  
STAMFORD, CT 06901**Current Mailing Address:**680 WASHINGTON BOULEVARD  
SUITE 500  
STAMFORD, CT 06901 US**FEI Number:** 06-1603133**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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 CHIEF COMPLIANCE OFFICER  
Name SPELLMAN, PATRICK J.  
Address 680 WASHINGTON BOULEVARD  
SUITE 500  
City-State-Zip: STAMFORD CT 06901

Title DIRECTOR  
Name GALIS, AARON M  
Address 680 WASHINGTON BOULEVARD  
SUITE 500  
City-State-Zip: STAMFORD CT 06901

Title VP  
Name SPELLMAN, PATRICK J.  
Address 680 WASHINGTON BOULEVARD  
SUITE 500  
City-State-Zip: STAMFORD CT 06901

Title SECRETARY  
Name PADIYAR, KAVITA  
Address 680 WASHINGTON BOULEVARD  
SUITE 500  
City-State-Zip: STAMFORD CT 06901

Title DIRECTOR  
Name PADIYAR, KAVITA  
Address 680 WASHINGTON BOULEVARD  
SUITE 500  
City-State-Zip: STAMFORD CT 06901

Title CFO  
Name HOPKINS, THOMAS  
Address 680 WASHINGTON BOULEVARD  
SUITE 500  
City-State-Zip: STAMFORD CT 06901

Title HEAD OF CLIENT SOLUTIONS  
Name JACOBS, RACHEL  
Address 680 WASHINGTON BOULEVARD  
SUITE 500  
City-State-Zip: STAMFORD CT 06901

Title FINANCIAL AND OPERATIONS  
PRINCIPAL (FINOP)  
Name HOPKINS, THOMAS  
Address 680 WASHINGTON BOULEVARD  
SUITE 500  
City-State-Zip: STAMFORD CT 06901

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*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:** KEITHA L. KINNE**CHIEF OPERATING  
OFFICER****04/15/2024**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title                PRESIDENT  
Name                KINNE, KEITHA L.  
Address            680 WASHINGTON BOULEVARD  
                      SUITE 500  
City-State-Zip:    STAMFORD CT 06901

Title                COO  
Name                KINNE, KEITHA L.  
Address            680 WASHINGTON BOULEVARD  
                      SUITE 500  
City-State-Zip:    STAMFORD CT 06901