

2014 FOREIGN PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# F02000004164

Entity Name: PROCTOR FINANCIAL, INC.**Current Principal Place of Business:**5225 CROOKS ROAD
TROY, MI 48098**Current Mailing Address:**655 N. FRANKLIN STREET
SUITE 1900
TAMPA, FL 33602 US**FEI Number:** 38-1457868**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	D
Name	MASTERS, KENNETH R
Address	681 S PARKER STREET, SUITE 300
City-State-Zip:	ORANGE CA 92868

Title	P
Name	GLANTZ, PAUL A
Address	5225 CROOKS ROAD
City-State-Zip:	TROY MI 48098

Title	V
Name	ELEWA, MOHAMED
Address	200 KIRTS BLVD, SUITE 100
City-State-Zip:	TROY MI 48084

Title	VS
Name	GRAMMIG, LAUREL L
Address	655 N. FRANKLIN ST., STE. 1900
City-State-Zip:	TAMPA FL 33602

Title	T
Name	PORTO, RACHEL
Address	655 N. FRANKLIN STREET SUITE 1900
City-State-Zip:	TAMPA FL 33602

Title	VP
Name	ANTIO, PAULA
Address	5225 CROOKS RD
City-State-Zip:	TROY MI 48098

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: LAUREL L. GRAMMIG

VP/SECRETARY

04/30/2014

Electronic Signature of Signing Officer/Director Detail_____
Date