## 2021 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000000638

Entity Name: BCG SECURITIES, INC.

**Current Principal Place of Business:** 

51 HADDONFIELD ROAD

SUITE 210

CHERRY HILL, NJ, NJ 08002

**Current Mailing Address:** 

51 HADDONFIELD ROAD

**SUITE 210** 

CHERRY HILL, NJ, NJ 08002 US

FEI Number: 23-1664237 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

REGISTERED AGENT SOLUTIONS, INC. 155 OFFICE PLAZA DR., STE. A TALLAHASSEE, FL 32301 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

**FILED** Apr 29, 2021

Secretary of State

5196550175CC

Officer/Director Detail:

Title PRESIDENT, TREASURER, CHIEF

COMPLIANCE OFFICER, DIRECTOR

Name PAGLIONE, ADAM J

Address 51 HADDONFIELD ROAD

SUITE 210

City-State-Zip: CHERRY HILL, NJ NJ 08002

Title VP, DIRECTOR

Name ADAMS, BEAU

51 HADDONFIELD ROAD Address

**SUITE 210** 

CHERRY HILL, NJ NJ 08002 City-State-Zip:

Title ASST. SECRETARY

Name MICHAEL, LINEA

Address 1 HORACE MANN PLAZA

SPRINGFIELD IL 62715 City-State-Zip:

Title DIRECTOR

CARLEY, DONALD Name

Address 1 HORACE MANN PLAZA

City-State-Zip: SPRINGFIELD IL 62715 Title VΡ

ARROYO, JORGE Name

Address 51 HADDONFIELD ROAD

SUITE 210

City-State-Zip: CHERRY HILL, NJ NJ 08002

Title CEO, DIRECTOR

WECKENBROCK, MICHAEL Name

51 HADDONFIELD ROAD Address

**SUITE 210** 

City-State-Zip: CHERRY HILL, NJ NJ 08002

Title SECRETARY

PETERSON, EMILY Name

1 HORACE MANN PLAZA Address

City-State-Zip: SPRINGFIELD IL 62715

Title CFO

Name CONKLIN, BRET

Address 1 HORACE MANN PLAZA

City-State-Zip: SPRINGFIELD IL 62715

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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.

04/29/2021 ASSISTANT SECRETARY SIGNATURE: LINEA MICHAEL

Electronic Signature of Signing Officer/Director Detail

Date

## Officer/Director Detail Continued:

TitleVPTitleTREASURERNameGREENIER, RYANNameGAYLE, TROY

Address 1 HORACE MANN PLAZA Address 1 HORACE MANN PLAZA

City-State-Zip: SPRINGFIELD IL 62715 City-State-Zip: SPRINGFIELD IL 62715