

**2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F12000000917

**FILED  
Apr 11, 2015  
Secretary of State  
CC9079857187**

**Entity Name:** S-KELLWOOD FINANCIAL SERVICES CORP.

**Current Principal Place of Business:**

5200 TOWN CENTER CIRCLE, SUITE 600  
BOCA RATON, FL 33486

**Current Mailing Address:**

5200 TOWN CENTER CIRCLE, SUITE 600  
BOCA RATON, FL 33486

**FEI Number:** 45-4409919

**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 VP AND ASST. SECRETARY  
Name MCCONVERY, MICHAEL J.  
Address 5200 TOWN CENTER CIRCLE, SUITE 600  
City-State-Zip: BOCA RATON FL 33486

Title VP, ASST. TREASURER  
Name KLAFTER, MELISSA  
Address 5200 TOWN CENTER CIRCLE, SUITE 600  
City-State-Zip: BOCA RATON FL 33486

Title DIRECTOR  
Name METZ, CHRIS  
Address 5200 TOWN CENTER CIRCLE, SUITE 600  
City-State-Zip: BOCA RATON FL 33486

Title DIRECTOR  
Name BRODY, MARK  
Address 5200 TOWN CENTER CIRCLE, SUITE 600  
City-State-Zip: BOCA RATON FL 33486

*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:** MICHAEL J. MCCONVERY

**VP AND ASST.  
SECRETARY**

**04/11/2015**

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

\_\_\_\_\_  
Date