

2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F12000000917

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	DIRECTOR
Name	METZ, CHRIS
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	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**ASST. SECRETARY****04/09/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date