

**2013 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, SECRETARY  
Name MCONVERY, MICHAEL J  
Address 5200 TOWN CENTER CIRCLE, SUITE 600  
City-State-Zip: BOCA RATON FL 33486

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

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

Title DIRECTOR  
Name METZ, CHRISTOPHER T  
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 MCONVERY

VP, SECRETARY

04/24/2013

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

\_\_\_\_\_  
Date