## 2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F13000005112

Entity Name: SG CAPITAL PARTNERS INCORPORATED

**Current Principal Place of Business:** 

1 DOCK STREET, SUITE 300 STAMFORD, CT 06902

## **Current Mailing Address:**

1 DOCK STREET, SUITE 300 STAMFORD, CT 06902

FEI Number: 80-0958152 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

CAPITOL CORPORATE SERVICES, INC. 155 OFFICE PLAZA DR. SUITE 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** Jun 10, 2014

**Secretary of State** 

CC6009505683

## Officer/Director Detail:

Title **DIRECTOR** Title CEO, CFO, ASST. SECRETARY

GASVODA, KEVIN Name GASVODA, KEVIN Name

Address 1 DOCK STREET, SUITE 300 Address 1 DOCK STREET, SUITE 300

City-State-Zip: STAMFORD CT 06902 City-State-Zip: STAMFORD CT 06902

Title VP, ASST. SECRETARY Title COO, SECRETARY Name MOLISKI, WILLIAM Name MAHONEY, JUSTIN

Address 1 DOCK STREET, SUITE 300 Address 1 DOCK STREET, SUITE 300

STAMFORD CT 06902 City-State-Zip: STAMFORD CT 06902 City-State-Zip:

Title ASST. SECRETARY, GENERAL Title COUNSEL, CHIEF COMPLIANCE

Name

Name CLEMENT, VICTORIA **OFFICER** 

STRAUSS, JAY Address 1 DOCK STREET, SUITE 300

City-State-Zip: STAMFORD CT 06902 Address 1 DOCK STREET, SUITE 300

> City-State-Zip: STAMFORD CT 06902

SIGNATURE: JAY STRAUSS

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.