# 2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F93000003324

Entity Name: DESJARDINS FSB HOLDINGS, INC.

#### **Current Principal Place of Business:**

1001 EAST HALLANDALE BEACH BOULEVARD HALLANDALE BEACH. FL 33009

### **Current Mailing Address:**

1001 EAST HALLANDALE BEACH BOULEVARD HALLANDALE BEACH. FL 33009 US

# FEI Number: 65-0416808

#### Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 US

Certificate of Status Desired: No

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

### **Officer/Director Detail :**

Ollioci/Direc			
Title	PRESIDENT & CEO, CHAIRMAN	Title	DIRECTOR
Name	LEROUX, MONIQUE F	Name	CHAMBERLAND, SERGES
Address	1 COMPLEXE DESJARDINS	Address	1919, RUE DE LA GAILLARDE
City-State-Zip:	40É ETAGE MONTREAL H5B 1B2	City-State-Zip:	JONQUIERE G7S 5V9
City-State-Zip.	MONTREAL HID ID2	<b>T</b> :41 -	
Title	ASSISTANT TREASURER	Title	DIRECTOR, VP
Name	LAPIERRE, REJEAN	Name	PARE, DENIS
Address	7491 W OAKLAND PARK BLVD	Address	2140, RUE KING EST SUITE 201
	SUITE 306	City-State-Zip:	FLEURIMONT J1G 5G6
City-State-Zip:	LAUDERHILL FL 33319		
Title	DIRECTOR	Title	DIRECTOR, SECRETARY
Name	TOURANGEAU, SERGE	Name	VINET, YVON
Address	10050, RUE DE LA FARINIERE	Address	39, RUE JACQUES-CARTIER
City-State-Zip:	QUEBEC G2K 1L7	City-State-Zip:	SALABERRY-DE-VALLEYFIELD J6T 4R1
Title	DIRECTOR	Title	DIRECTOR, TREASURER
Name	GAUVIN, LOUIS-DANIEL	Name	DESAUTELS, NORMAND
Address	1170, RUE PEEL BUREAU 600 - 6E, PX01	Address	1, COMPLEXE DESJARDINS C.P. 7 30E TOUR SUD, JX01
City-State-Zip:	MONTREAL H3B 0B1	City-State-Zip:	MONTREAL H5B 1B2

## Continues on page 2

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: REJEAN LAPIERRE

03/27/2014 ASSISTANT TREASURER

Electronic Signature of Signing Officer/Director Detail

# FILED Mar 27, 2014 Secretary of State CC8019665444

Date

Date

# **Officer/Director Detail Continued :**

Title	OFFICER, ASST. SECRETARY	Title	OFFICER, ASST. SECRETARY
Name	LESAGE, GENEVIEVE	Name	LACHAINE, ERIC
Address	7380 DES ERABLES	Address	46 RUE CHARLOTTE
City-State-Zip:	APT. #4 MONTREAL H2E 2R5	City-State-Zip:	LONGUEUIL J4H 3K9
Title	DIRECTOR	Title	DIRECTOR
		Name	CHEVALIER, CAROLE
Name	RAICHE, ALAIN	Address	521B, RUE NOTRE-DAME EST
Address	477, RUE NOTRE-DAME	City-State-Zip	TROIS-RIVIÈRES QUÉBEC G8T 8L9
City-State-Zip:	REPENTIGNY QUÉBEC J6A 2T6		