

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 02, 2008 8:00 am
Secretary of State

09-02-2008 90031 045 ***550.00

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1. Entity Name
ITG VEGAS, INC.



Principal Place of Business
ONE EAST 11TH ST
SUITE 500
RIVIERA BEACH, FL 33404

Mailing Address
ONE EAST 11TH ST
SUITE 500
RIVIERA BEACH, FL 33404

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

08272008

Chg-P

CR2E034 (12/06)

4. FEI Number
80-0025831

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MARK T. CALVERT
ONE EAST 11TH ST
SUITE 500
RIVIERA BEACH, FL 33404

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent Signature required when reinstating)

DATE

8/27/08

FILE NOW!!! FEE IS \$550.00
Due by September 12, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PCD ☒ Delete
NAME MURRAY, FRANCIS W
STREET ADDRESS 211 BENIGNO BOULEVARD, SUITE 210
CITY-ST-ZIP BELLMAWR, NJ 08031

TITLE V ☒ Delete
NAME MURRAY, FRANCIS X
STREET ADDRESS ONE EAST 11TH ST, SUITE 500
CITY-ST-ZIP RIVIERA BEACH, FL 33404

TITLE ST ☒ Delete
NAME NEWELL, CHRISTINE R
STREET ADDRESS 211 BENIGNO BOULEVARD, SUITE 210
CITY-ST-ZIP BELLMAWR, NJ 08031

TITLE AS ☒ Delete
NAME MCTIGHE, JOHN M
STREET ADDRESS 1 E 11TH ST STE 500
CITY-ST-ZIP WEST PALM BEACH, FL 33404

TITLE TRUSTEE ☐ Delete
NAME CALVERT, MARK T.
STREET ADDRESS 35300 SE CENTER STREET
CITY-ST-ZIP SNOQUALMIE, WA 98065

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8/27/08