

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000001875

Entity Name: SIG FINANCING, INC.

FILED
Apr 13, 2012
Secretary of State

Current Principal Place of Business:

555 SOUTH FEDERAL HIGHWAY
SUITE 400
BOCA RATON, FL 33432

New Principal Place of Business:

Current Mailing Address:

555 SOUTH FEDERAL HIGHWAY
SUITE 400
BOCA RATON, FL 33432

New Mailing Address:

FEI Number: 20-0061694

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AUTUMN NESBETH
555 SOUTH FED HWY
SUITE 400
BOCA RATON, FL 33432 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: DP
Name: YASS, JEFFREY
Address: 401 CITY AVE , SUITE 220
City-St-Zip: BALA CYNWYD, PA 19004

Title: DVPS
Name: GREENBERG, JOEL
Address: 401 CITY AVE, SUITE 220
City-St-Zip: BALA CYNWYD, PA 19004

Title: D
Name: DANTCHIK, ARTHUR
Address: 401 CITY AVE , SUITE 220
City-St-Zip: BALA CYNWYD, PA 19004

Title: D
Name: DOOLEY, MARK
Address: 401 CITY AVE, SUITE 220
City-St-Zip: BALA CYNWYD, PA 19004

Title: T
Name: SULLIVAN, BRIAN
Address: 401 CITY AVE, SUITE 220
City-St-Zip: BALA CYNWYD, PA 19004

Title: AS
Name: SILVERBERG, TODD
Address: 401 CITY AVENUE, SUITE 220
City-St-Zip: BALA CYNWYD, PA 19004

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: /S/ BRIAN SULLIVAN

T

04/13/2012

Electronic Signature of Signing Officer or Director

Date