

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 28, 2003 8:00 am**  
**Secretary of State**

03-28-2003 90058 011 \*\*\*150.00

**DOCUMENT # F96000001189**

1. Entity Name  
**PMG SECURITIES CORPORATION**



Principal Place of Business  
**500 AUSTRALIAN AVE S.  
STE 850  
WEST PALM BEACH FL 33401**

Mailing Address  
**% CUMBERLAND LICENSING  
P.O. BOX 7543  
CUMBERLAND RI 02864  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **13-3570621**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FHS CORPORATE SERVICES, INC.  
11780 US HWY ONE, SUITE 300  
NORTH PALM BEACH FL 33408**

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

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD  
SCHERRMAN, MICHAEL  
ONE KEMPER DRIVE  
LONG GROVE IL 60049** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**Asst. Secretary  
Allen R. Reed  
1600 McConnor Parkway  
Schaumburg, IL 60196** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**V  
HOCK, ROBERT  
515 MADISON AVE  
NEW YORK NY 10022** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VP/Treas.  
David S. Jorgensen  
1600 McConnor Parkway  
Schaumburg, IL 60196** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**V  
MCBAY, WALTER  
500 AUSTRALIAN AVE S STE 850  
WEST PALM BEACH FL 33401** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**Secretary  
Debra Phipps Rezabek  
1600 McConnor Parkway  
Schaumburg, IL 60196** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**V  
COGNETTI, LAURA  
500 AUSTRALIAN AVE S STE 850  
WEST PALM BEACH FL 33401** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**Asst. Secretary  
Frank J. Julian  
1600 McConnor Parkway  
Schaumburg, IL 60196** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**V  
RITTMAN, BARRY  
500 AUSTRALIAN AVE S STE 850  
WEST PALM BEACH FL 33401** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**Director  
Gale K. Caruso  
1600 McConnor Parkway  
Schaumburg, IL 60196** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**Director  
George Vlasisavljevich  
1600 McConnor Parkway  
Schaumburg, IL 60196** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**Asst. V. Pres.  
Thomas K. Walsh  
1600 McConnor Parkway  
Schaumburg, IL 60196** ☐ Change ☒ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/20/03 (56) 820-0019**

Date

Daytime Phone #

CR2E034 (10/02)