

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 01, 2001 8:00 am**  
**Secretary of State**

02-01-2001 90009 029 \*\*\*150.00

**DOCUMENT # F96000005468**

1. Entity Name

**PMG ASSET MANAGEMENT, INC.**

Principal Place of Business

**500 AUSTRALIAN AVE S  
 SUITE 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

Zip

Country

Zip

Country

4. FEI Number **13-3909246**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MCBAY, WALTER  
 500 AUSTRALIAN AVE S  
 STE 850  
 WPB FL 33401**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00  
 After MAY 1, 2001 Fee will be \$550.00  
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DCPT** ☒ Delete  
 NAME **HSU, JUSTIN**  
 STREET ADDRESS **500 AUSTRALIAN AVE S STE 850**  
 CITY-ST-ZIP **WEST PALM BEACH FL 33401**

TITLE **V** ☒ Change ☐ Addition  
 NAME **Robert Hock**  
 STREET ADDRESS **515 Madison Avenue**  
 CITY-ST-ZIP **New York, NY 10022**

TITLE **DCVS** ☐ Delete  
 NAME **HOCK, ROBERT**  
 STREET ADDRESS **300 E 54TH ST # 21 C**  
 CITY-ST-ZIP **NY NY 10022**

TITLE **P/D** ☐ Change ☒ Addition  
 NAME **Michael Scherrman**  
 STREET ADDRESS **One Kemper Drive**  
 CITY-ST-ZIP **Long Grove, IL 60049**

TITLE **V** ☐ Delete  
 NAME **MCBAY, WALTER**  
 STREET ADDRESS **500 AUSTRALIAN AVE S STE 850**  
 CITY-ST-ZIP **WPB FL 33401**

TITLE **V** ☐ Change ☒ Addition  
 NAME **Laura Cobnetti**  
 STREET ADDRESS **515 Madison Avenue**  
 CITY-ST-ZIP **New York, NY 10022**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **V** ☐ Change ☒ Addition  
 NAME **Barry Rittman**  
 STREET ADDRESS **500 Australian Ave., S., Ste. 850**  
 CITY-ST-ZIP **West Palm Beach, FL 33401**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **S** ☐ Change ☒ Addition  
 NAME **Debra Refabak**  
 STREET ADDRESS **One Kemper Drive**  
 CITY-ST-ZIP **Long Grove, IL 60049**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **T** ☐ Change ☒ Addition  
 NAME **David D. Jorgensen**  
 STREET ADDRESS **One Kemper Drive**  
 CITY-ST-ZIP **Long Grove, IL 60049**

13. 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 11 or Block 12 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 #

CR2E034 (10/00)