

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 18, 2003 8:00 am**  
**Secretary of State**

04-18-2003 90237 034 \*\*\*158.75

0613822 AT

**DOCUMENT # P35751**

1. Entity Name  
**TRIUMPH CORPORATE FINANCE GROUP, INC.**



Principal Place of Business  
**222 LAKEVIEW AVE.  
SUITE 160-268  
WEST PALM BEACH FL 33401**

Mailing Address  
**28 STATE ST 37 FL  
BOSTON MA 02109  
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **04-3000915**

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

**CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324**

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

T ☐ Delete  
NAME **SCHOFIELD, PETER**  
STREET ADDRESS **28 STATE ST 37TH PL**  
CITY-ST-ZIP **BOSTON MA 02109**

☒ Change ☐ Addition  
NAME **28 State Street 37th FL**  
STREET ADDRESS  
CITY-ST-ZIP

PD ☐ Delete  
NAME **MCCARTHY, FREDERICK W.**  
STREET ADDRESS **1519 N. OCEAN WAY**  
CITY-ST-ZIP **PALM BCH. FL**

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

D ☐ Delete  
NAME **CHAPMAN, JOHN M**  
STREET ADDRESS **80 GRENNAN RD**  
CITY-ST-ZIP **W. HARTFORD RD CT 06107**

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

☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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:

*Peter Schofield*  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/18/03 617-782-0881*  
Date Daytime Phone #

CR2E034 (10/02)