

2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G35222

Entity Name: HERITAGE GLOBAL INC.**Current Principal Place of Business:**12625 HIGH BLUFF DRIVE STE 305
SAN DIEGO, CA 92130**Current Mailing Address:**12625 HIGH BLUFF DRIVE STE 305
SAN DIEGO, CA 92130 US**FEI Number:** 59-2291344**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**REGISTERED AGENT SOLUTIONS INC
155 OFFICE PLAZA DR STE A
TALLAHASSEE, FL 32301 US*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

Officer/Director Detail :

Title DIRECTOR, CHAIRMAN
Name SILBER, ALLAN C
Address 1 TORONTO STREET
700
City-State-Zip: TORONTO M5C 2V6

Title DIRECTOR
Name RYAN, JAMES B
Address 7 GRACIE SQUARE
City-State-Zip: NEW YORK NY 10028

Title CEO, DIRECTOR
Name DOVE, ROSS
Address 1576 ROLLINS ROAD
City-State-Zip: BURLINGAME CA 94010

Title EVP, GENERAL COUNSEL,
SECRETARY
Name SKLAR, JAMES
Address 12625 HIGH BLUFF DRIVE
SUITE 305
City-State-Zip: SAN DIEGO CA 92130

Title D
Name SHIMER, SAMUEL L
Address 245 N. BEDFORD ROAD
City-State-Zip: CHAPPAQUA NY 10514

Title CFO
Name WEST, SCOTT
Address 12625 HIGH BLUFF DRIVE
SUITE 305
City-State-Zip: SAN DIEGO CA 92130

Title PRESIDENT, COO
Name DOVE, KIRK
Address 12625 HIGH BLUFF DRIVE
SUITE 305
City-State-Zip: SAN DIEGO CA 92130

Title DIRECTOR
Name HEXNER, MICHAEL
Address 200 BRANNAN STREET
#332
City-State-Zip: SAN FRANCISCO CA 94107

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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: SCOTT WEST**CFO****03/04/2019**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	DEMOSS, EMMETT
Address	3717 N. MERRIMAC CIR
City-State-Zip:	STOCKTON CA 95219