## 2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000001875

Entity Name: SIG FINANCING, INC.

**Current Principal Place of Business:** 

555 SOUTH FEDERAL HIGHWAY

SUITE 400

BOCA RATON, FL 33432

**Current Mailing Address:** 

555 SOUTH FEDERAL HIGHWAY SUITE 400

BOCA RATON, FL 33432

FEI Number: 20-0061694 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

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

FILED Apr 22, 2014

**Secretary of State** 

CC3388691846

## Officer/Director Detail:

Litle	DP	Litle	DVPS

NameYASS, JEFFREYNameGREENBERG, JOELAddress401 CITY AVE, SUITE 220Address401 CITY AVE, SUITE 220City-State-Zip:BALA CYNWYD PA 19004City-State-Zip:BALA CYNWYD PA 19004

Title D Title D

Name DANTCHIK, ARTHUR Name DOOLEY, MARK

Address 401 CITY AVE , SUITE 220 Address 401 CITY AVE , SUITE 220 City-State-Zip: BALA CYNWYD PA 19004 City-State-Zip: BALA CYNWYD PA 19004

Title T Title AS

Name SULLIVAN, BRIAN Name SILVERBERG, TODD

Address 401 CITY AVE, SUITE 220 Address 401 CITY AVENUE, SUITE 220 City-State-Zip: BALA CYNWYD PA 19004 City-State-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.