

**2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F08000003549

**FILED**  
**Apr 30, 2014**  
**Secretary of State**  
**CC2236682396**

**Entity Name:** ELEMENT FINANCIAL CORP.

**Current Principal Place of Business:**

655 BUSINESS CENTER DRIVE  
SUITE 250  
HORSHAM, PA 19044

**Current Mailing Address:**

655 BUSINESS CENTER DRIVE  
SUITE 250  
HORSHAM, PA 19044

**FEI Number:** 20-5977026

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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            CEO  
Name            CAMPBELL, DONALD P  
Address        655 BUSINESS CENTER DRIVE, SUITE  
                  250  
City-State-Zip: HORSHAM PA 19044

Title            PRESIDENT  
Name            GROSSO, STEVE A  
Address        655 BUSINESS CENTER DRIVE, SUITE  
                  250  
City-State-Zip: HORSHAM PA 19044

Title            VCFO  
Name            PARADIS, RENE J  
Address        655 BUSINESS CENTER DRIVE, SUITE  
                  250  
City-State-Zip: HORSHAM PA 19044

Title            DIRECTOR  
Name            NULLMEYER, BRAD  
Address        161 BAY ST.  
                  SUITE 4600  
City-State-Zip: TORONTO ON M5J 2S1

Title            DIRECTOR  
Name            SMITH, BRUCE  
Address        161 BAY ST.  
                  SUITE 4600  
City-State-Zip: TORONTO ON M5J 2S1

Title            DIRECTOR  
Name            BELAND, MICHEL  
Address        161 BAY ST.  
                  SUITE 4600  
City-State-Zip: TORONTO ON 5MJ 2S1

Title            TAX MANAGER  
Name            MYERS, WARREN  
Address        655 BUSINESS CENTER DRIVE  
                  SUITE 250  
City-State-Zip: HORSHAM PA 19044

*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:** WARREN MYERS

**TAX MANAGER**

**04/30/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date