

2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F16000004708

Entity Name: PORTSMOUTH CORPORATE FINANCIAL SERVICES, INC.**Current Principal Place of Business:**1001 E. ATLANTIC AVE
DELRAY BEACH, FL 33483**Current Mailing Address:**1000 MARKET STREET, BUILDING ONE SUITE 300
PORTSMOUTH, NH 03801 US**FEI Number:** 02-0476810**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CRITCHFIELD, RICHARD H
1001 E. ATLANTIC AVE
DELRAY BEACH, FL 33483 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	DVP
Name	WALSH, PATRICK F
Address	1000 MARKET STREET, BUILDING ONE SUITE 300
City-State-Zip:	PORTSMOUTH NH 03801

Title	P
Name	ADE, RICHARD C
Address	1000 MARKET STREET, BUILDING ONE SUITE 300
City-State-Zip:	PORTSMOUTH NH 03801

Title	ST
Name	GARCIA, ROBERT L
Address	1000 MARKET STREET, BUILDING ONE SUITE 300
City-State-Zip:	PORTSMOUTH NH 03801

Title	VP
Name	WALSH, WILLIAM J
Address	1000 MARKET STREET, BLDG ONE, STE 300
City-State-Zip:	PORTSMOUTH NH 03801

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: RICHARD C. ADE

P

02/01/2017

Electronic Signature of Signing Officer/Director Detail_____
Date