

**2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F96000002914

**FILED**  
**Jan 16, 2018**  
**Secretary of State**  
**CC9013329257**

**Entity Name:** MULTI-BANK SECURITIES, INC.

**Current Principal Place of Business:**

1000 TOWN CENTER #2300  
SOUTHFIELD, MI 48075

**Current Mailing Address:**

1000 TOWN CENTER #2300  
SOUTHFIELD, MI 48075

**FEI Number:** 38-2781895

**Certificate of Status Desired:** No

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

DREWS, MICHAEL W  
2400 E. COMMERCIAL BLVD.  
# 812  
FT LAUDERDALE, FL 33308 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            PRESIDENT, SECRETARY, DIRECTOR  
Name            MACCAGONE, JEFFERY  
Address        5 BAKER LANE  
City-State-Zip: GROSSE POINTE FARMS MI 48236

Title            CHAIRMAN, CEO  
Name            MACCAGNONE, DAVID T  
Address        5020 NE 2ND WAY  
City-State-Zip: DEERFIELD BEACH FL 33064

Title            VICE CHAIR, DIRECTOR  
Name            DREWS, MICHAEL W  
Address        434 NE 9TH STREET  
City-State-Zip: BOCA RATON FL 33432

Title            CFO, DIRECTOR  
Name            KARSNER, MICHAEL  
Address        41 SOUTH COMPASS DRIVE  
City-State-Zip: FORT LAUDERDALE FL 33308

Title            CHIEF INFORMATION OFFICER,  
DIRECTOR  
Name            COOPER, DAVID  
Address        6762 CORRIGAN  
City-State-Zip: BRIGHTON FL 48116

Title            DIRECTOR  
Name            PEACOCK, TIMOTHY  
Address        307 CLOVERLY  
City-State-Zip: GROSSE POINTE FARMS MI 48236

*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:** DAVID T. MACCAGNONE

**CEO**

**01/16/2018**

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

\_\_\_\_\_  
Date