

**2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F98000006532

**Entity Name:** SIGNATOR FINANCIAL SERVICES, INC.

**Current Principal Place of Business:**

10500 N.E. 8TH STREET  
SUITE 720  
BELLEVUE, WA 98004

**Current Mailing Address:**

POST OFFICE BOX 34695  
SEATTLE, WA 98124-1695 US

**FEI Number:** 91-1354455

**Certificate of Status Desired:** No

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

NRAI SERVICES, INC.  
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:** NRAI SERVICES, INC.

04/06/2015

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR  
Name ABERIZK, EMIL JR.  
Address 197 CLARENDON STREET  
City-State-Zip: BOSTON MA 02116

Title DIRECTOR  
Name KARMAN, MITCHELL A  
Address 197 CLARENDON STREET  
City-State-Zip: BOSTON MA 02116

Title DIRECTOR  
Name HORACK, THOMAS J  
Address 197 CLARENDON STREET  
City-State-Zip: BOSTON MA 02116

Title DIRECTOR  
Name MARYANOPOLIS, CHRISTOPHER  
Address 197 CLARENDON STREET  
City-State-Zip: BOSTON MA 02116

Title DIRECTOR  
Name RIGATTI, MATTHEW F  
Address 197 CLARENDON STREET  
City-State-Zip: BOSTON MA 02116

Title DIRECTOR  
Name RISPOLI, FRANK J  
Address 197 CLARENDON STREET  
City-State-Zip: BOSTON MA 02116

Title DIRECTOR  
Name SUMINSKI, JOHN W  
Address 197 CLARENDON STREET  
City-State-Zip: BOSTON MA 02116

Title DIRECTOR  
Name TETA, ANTHONY M  
Address 197 CLARENDON STREET  
City-State-Zip: BOSTON MA 02116

**Continues on page 2**

*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:** JEFFREY CLARK

VICE PRESIDENT

04/06/2015

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title SECRETARY  
Name ARMSTRONG, ABIGAIL M.  
Address 197 CLARENDON STREET  
City-State-Zip: BOSTON MA 02116

Title VP  
Name RAMDIAL, KRISHNA  
Address 197 CLARENDON STREET  
City-State-Zip: BOSTON MA 02116

Title VP  
Name CLARK, JEFFREY  
Address 10500 N.E. 8TH STREET  
SUITE 720  
City-State-Zip: BELLEVUE WA 98004

Title TREASURER  
Name MOORE, STEVEN  
Address 197 CLARENDON STREET  
City-State-Zip: BOSTON MA 02116

Title VP  
Name COLLINS, BRIAN  
Address 197 CLARENDON STREET  
City-State-Zip: BOSTON MA 02116