

2014 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.
515 E. PARK AVENUE
TALLAHASSEE, FL 32301 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 DIRECTOR
Name ABERIZK, EMIL JR.
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 RIGATTI, MATTHEW F
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 KARMAN, MITCHELL A
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 RISPOLI, FRANK J
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

VP

04/08/2014

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title PRESIDENT
Name HEAPPS, BRIAN B
Address 197 CLARENDON STREET
City-State-Zip: BOSTON MA 02116

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

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

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