

SCC eFile

2012 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

212515420

1.) CORPORATION NAME:

The Spalding Financial Group, Inc.

DUE DATE: **4/30/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM
4701 COX RD STE 301
GLEN ALLEN, VA 23060-6802**

SCC ID NO: **F1419243**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

FL

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: The Hoyt Center
760 U.S. Highway 1, Suite 201

CITY/ST/ZIP: North Palm Beach, FL 33408

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

		<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME:	VICTORIA PERITZ				
TITLE:	P/S				
ADDRESS:	The Hoyt Center 760 U.S. Hwy 1, suite 201 North Palm Beach, FL 33408				
CITY/ST/ZIP/CO:					

		<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME:	LORI M LIESER				
TITLE:	VICE PRESIDENT				
ADDRESS:	500 W MADISON SUITE 2400				
CITY/ST/ZIP/CO:	CHICAGO, IL 60661				

		<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME:	VICTORIA PERITZ				
TITLE:	TREASURER				
ADDRESS:	THE HOYT CENTER 760 U.S. HWY 1, SUITE 201 NORTH PALM BEACH, FL 33408				
CITY/ST/ZIP/CO:					

		<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME:	DOUGLAS W. HAMMOND				
TITLE:	DIRECTOR				
ADDRESS:	340 MADISON AVENUE 20TH FLOOR NEW YORK, NY 10173				
CITY/ST/ZIP/CO:					

		<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME:	MALIKA HINKSON				
TITLE:	DIRECTOR				
ADDRESS:	340 MADISON AVENUE 20TH FLOOR NEW YORK, NY 10173				
CITY/ST/ZIP/CO:					

NAME:	BRETT SCHNEIDER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	340 MADISON AVENUE		
	20TH FLOOR		
CITY/ST/ZIP/CO:	NEW YORK, NY 10173		

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ LORI M LIESER	LORI M LIESER, VICE PRESIDENT	4/26/2012
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.