

**2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# G35222

**FILED**  
**Jan 15, 2020**  
**Secretary of State**  
**8791400175CC**

**Entity Name:** HERITAGE GLOBAL INC.

**Current Principal Place of Business:**

12625 HIGH BLUFF DRIVE STE 305  
SAN DIEGO, CA 92130

**Current Mailing Address:**

12625 HIGH BLUFF DRIVE STE 305  
SAN DIEGO, CA 92130 US

**FEI Number:** 59-2291344

**Certificate of Status Desired:** No

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

REGISTERED AGENT SOLUTIONS INC  
155 OFFICE PLAZA DR STE A  
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, CHAIRMAN  
Name SILBER, ALLAN C  
Address 1 TORONTO STREET  
700  
City-State-Zip: TORONTO M5C 2V6

Title D  
Name SHIMER, SAMUEL L  
Address 245 N. BEDFORD ROAD  
City-State-Zip: CHAPPAQUA NY 10514

Title DIRECTOR  
Name RYAN, JAMES B  
Address 7 GRACIE SQUARE  
City-State-Zip: NEW YORK NY 10028

Title CFO  
Name WEST, SCOTT  
Address 12625 HIGH BLUFF DRIVE  
SUITE 305  
City-State-Zip: SAN DIEGO CA 92130

Title CEO, DIRECTOR  
Name DOVE, ROSS  
Address 1576 ROLLINS ROAD  
City-State-Zip: BURLINGAME CA 94010

Title PRESIDENT, COO  
Name DOVE, KIRK  
Address 12625 HIGH BLUFF DRIVE  
SUITE 305  
City-State-Zip: SAN DIEGO CA 92130

Title EVP, GENERAL COUNSEL,  
SECRETARY  
Name SKLAR, JAMES  
Address 12625 HIGH BLUFF DRIVE  
SUITE 305  
City-State-Zip: SAN DIEGO CA 92130

Title DIRECTOR  
Name HEXNER, MICHAEL  
Address 200 BRANNAN STREET  
#332  
City-State-Zip: SAN FRANCISCO CA 94107

**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:** SCOTT WEST

**CFO**

**01/15/2020**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title            DIRECTOR  
Name            DEMOSS, EMMETT  
Address        3717 N. MERRIMAC CIR  
City-State-Zip: STOCKTON CA 95219