

2022 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M10000002865

Entity Name: BPG MADISON - GP, LLC**Current Principal Place of Business:**3843 WEST CHESTER PIKE
NEWTOWN SQUARE, PA 19073**Current Mailing Address:**3843 WEST CHESTER PIKE
NEWTOWN SQUARE, PA 19073 US**FEI Number:** 26-2175194**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 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

Authorized Person(s) Detail :

Title MGRM
Name DILELLA, DANIEL M
Address 3843 WEST CHESTER PIKE
City-State-Zip: NEWTOWN SQUARE PA 19073

Title MGRM
Name PASQUARELLA, ARTHUR P
Address 3843 WEST CHESTER PIKE
City-State-Zip: NEWTOWN SQUARE PA 19073

Title MGRM
Name MALONEY, ROBERT K
Address 3843 WEST CHESTER PIKE
City-State-Zip: NEWTOWN SQUARE PA 19073

Title MGRM
Name MULLEN, JOSEPH F
Address 3843 WEST CHESTER PIKE
City-State-Zip: NEWTOWN SQUARE PA 19073

Title MGRM
Name SPAEDER, STEPHEN M
Address 3843 WEST CHESTER PIKE
City-State-Zip: NEWTOWN SQUARE PA 19073

Title SENIOR VICE PRESIDENT AND SECRETARY
Name KELLY, LORETTA M.
Address 3843 WEST CHESTER PIKE
City-State-Zip: NEWTOWN SQUARE PA 19073

Title MANAGING BROKER/PRINCIPAL BROKER
Name NESBITT, JON
Address 22043 ROCKPORT LANE
City-State-Zip: HUNTINGTON BEACH CA 92646

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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: LORETTA M. KELLY**SENIOR VICE PRESIDENT** 04/26/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date