

**2022 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M11000001868

**Entity Name:** 1200 NORTH FEDERAL ASSOCIATES, LLC

**Current Principal Place of Business:**

C/O KEYSTONE, 1001 CONSHOHOCKEN STATE ROAD, SUITE 2-201  
WEST CONSHOHOCKEN, PA 19428

**Current Mailing Address:**

C/O KEYSTONE, 1001 CONSHOHOCKEN STATE ROAD, SUITE 2-201  
WEST CONSHOHOCKEN, PA 19428 US

**FEI Number:** 45-2420427

**Certificate of Status Desired:** No

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

C T CORPORATION SYSTEM  
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:** KRISTIN BOLDEN, ASSISTANT SECRETARY

04/05/2022

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title            TREASURY CONTROLLER  
Name            RHODES, RIVA  
Address        C/O KEYSTONE, 1001  
                  CONSHOHOCKEN STATE ROAD,  
                  SUITE 2-201  
City-State-Zip: WEST CONSHOHOCKEN PA 19428

Title            TREASURER  
Name            GERWITZ, HERMAN  
Address        C/O KEYSTONE, 1001  
                  CONSHOHOCKEN STATE ROAD,  
                  SUITE 2-201  
City-State-Zip: WEST CONSHOHOCKEN PA 19428

Title            EXECUTIVE VP  
Name            RASH, MARC  
Address        C/O KEYSTONE, 1001  
                  CONSHOHOCKEN STATE ROAD,  
                  SUITE 2-201  
City-State-Zip: WEST CONSHOHOCKEN PA 19428

Title            PRESIDENT  
Name            GLAZER, WILLIAM  
Address        C/O KEYSTONE, 1001  
                  CONSHOHOCKEN STATE ROAD,  
                  SUITE 2-201  
City-State-Zip: WEST CONSHOHOCKEN PA 19428

*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:** WILLIAM GLAZER

**PRESIDENT**

04/05/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date