

**2020 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M18000005789

**Entity Name:** A-G ADMINISTRATORS LLC

**Current Principal Place of Business:**

1001 OLD CASSATT ROAD  
SUITE 300  
BERWYN, PA 19312

**Current Mailing Address:**

1001 OLD CASSATT ROAD  
SUITE 300  
BERWYN, PA 19312 US

**FEI Number:** 23-2257310

**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 AUTHORIZED MEMBER, MANAGER  
Name GILLIS, DIXON F.  
Address 772 DARBY PAOLI ROAD  
City-State-Zip: BERWYN PA 19312

Title MANAGER, AUTHORIZED MEMBER  
Name GILLIS, JEFFREY L  
Address 220 BERKLEY ROAD  
City-State-Zip: DEVON PA 19333

Title AUTHORIZED MEMBER  
Name MAGUIRE, CHRISTOPHER  
Address 840 LESLEY ROAD  
City-State-Zip: VILLANOVA PA 19085

Title AUTHORIZED MEMBER  
Name BRIZIUS, CHARLES  
Address 55 FAYERWEATHER STREET  
City-State-Zip: CAMBRIDGE MA 02138

*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:** DIXON F. GILLIS

**MANAGER**

**04/20/2020**

Electronic Signature of Signing Authorized Person(s) Detail

Date