#### **2024 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M19000012083

Entity Name: COREDIAL, LLC

FILED
Apr 18, 2024
Secretary of State
9157632367CC

## **Current Principal Place of Business:**

751 ARBOR WAY HILLCREST 1, SUITE:150

BLUE BELL, PA 19422

### **Current Mailing Address:**

751 ARBOR WAY HILLCREST 1, SUITE:150 BLUE BELL. PA 19422 US

FEI Number: 03-0566485 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:

SUITE:150

Title MANAGER Title MANAGER, CEO
Name AHEARN, FRANCIS X Name BLOSS, GEOFFREY

Address 751 ARBOR WAY HILLCREST 1, Address 751 ARBOR WAY HILLCREST 1,

SUITE:150

City-State-Zip: BLUE BELL PA 19422 City-State-Zip: BLUE BELL PA 19422

TitleTREASURERTitleASST. SECRETARYNameBOROW, ELIZABETHNameCOHAN, EILEEN

Address 751 ARBOR WAY HILLCREST 1, Address 751 ARBOR WAY HILLCREST 1,

SUITE:150 SUITE:150

City-State-Zip: BLUE BELL PA 19422 City-State-Zip: BLUE BELL PA 19422

Title MANAGER Title MANAGER, VP
Name CUNNINGHAM, JOHN P Name DUNN, ROBERT C

Address 751 ARBOR WAY HILLCREST 1, Address 751 ARBOR WAY HILLCREST 1,

SUITE:150 SUITE:150

City-State-Zip: BLUE BELL PA 19422 City-State-Zip: BLUE BELL PA 19422

Title CFO Title MANAGER

Name FECHTER, DOUGLAS Name FRIBUSH, MARC

Address 751 ARBOR WAY HILLCREST 1, Address 751 ARBOR WAY HILLCREST 1,

SUITE:150 SUITE:150

City-State-Zip: BLUE BELL PA 19422 City-State-Zip: BLUE BELL PA 19422

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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: EILEEN COHAN ASSISTANT SECRETARY 04/18/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date

# **Authorized Person(s) Detail Continued:**

Title MANAGER, VP

Name KLEIN, JESSE

Address 751 ARBOR WAY HILLCREST 1, SUITE:150

City-State-Zip: BLUE BELL PA 19422

Title MANAGER

Name MILBURN, CLAYTON

Address 751 ARBOR WAY HILLCREST 1, SUITE:150

City-State-Zip: BLUE BELL PA 19422

Title MANAGER, PRESIDENT, SECRETARY

Name KORNMANN, BRIAN R

Address 751 ARBOR WAY HILLCREST 1,

SUITE:150

City-State-Zip: BLUE BELL PA 19422