

2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000000517

Entity Name: O'BRIEN & GERE LIMITED INC.**Current Principal Place of Business:**333 W WASHINGTON ST
SYRACUSE, NY 13202**Current Mailing Address:**PO BOX 4873
SYRACUSE, NY 13221 US**FEI Number:** 16-1284512**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS ST
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 PRESIDENT, DIRECTOR
Name FOX, JAMES A
Address 333 W WASHINGTON STREET
City-State-Zip: SYRACUSE NY 13202

Title DIRECTOR
Name NOWLAN, THOMAS A
Address 301 E GERMANTOWN PIKE
City-State-Zip: EAST NORRITON PA 19401

Title DIRECTOR
Name SORENSEN, JOHN
Address 333 W WASHINGTON ST
City-State-Zip: SYRACUSE NY 13202

Title DIRECTOR, TREASURER
Name LEWIS, GUY
Address 4350 N FAIRFAX DRIVE
City-State-Zip: ARLINGTON VA 22203

Title DIRECTOR
Name BARRY, TIMOTHY J
Address 333 W WASHINGTON ST
City-State-Zip: SYRACUSE NY 13202

Title DIRECTOR
Name ROGERS, JEFFREY S
Address 333 W WASHINGTON ST
City-State-Zip: SYRACUSE NY 13202

Title DIRECTOR
Name DELORME, ALLAN J
Address 2200 POWELL STREET
 SUITE 700
City-State-Zip: EMERYVILLE CA 94608

Title DIRECTOR
Name WASHBURN, STEPHEN T
Address 2200 POWELL STREET
 SUITE 700
City-State-Zip: EMERYVILLE CA 94608

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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 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: TIMOTHY J BARRY**DIRECTOR****04/20/2020**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	DIRECTOR, SECRETARY
Name	MASON, SAMUEL
Address	1760 MARKET STREET SUITE 100
City-State-Zip:	PHILADELPHIA PA 19103