

**2021 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F06000003174

**Entity Name:** COZEN O'CONNOR, PC**Current Principal Place of Business:**1650 MARKET STREET  
PHILADELPHIA, PA 19103**Current Mailing Address:**1650 MARKET STREET  
PHILADELPHIA, PA 19103 US**FEI Number:** 23-1732832**Certificate of Status Desired:** Yes**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:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title CEO & EXECUTIVE CHAIRMAN  
Name HELLER, MICHAEL J  
Address 1650 MARKET STREET  
City-State-Zip: PHILADELPHIA PA 19103

Title COO  
Name ELLMAN, DAVID W  
Address 1650 MARKET STREET  
City-State-Zip: PHILADELPHIA PA 19103

Title VP  
Name FELDMAN, ELLIOTT R  
Address 1650 MARKET STREET  
City-State-Zip: PHILADELPHIA PA 19103

Title VP/S  
Name BLOCH, SANDRA A  
Address 1650 MARKET STREET  
City-State-Zip: PHILADELPHIA PA 19103

Title T/AS  
Name ELLMAN, DAVID W  
Address 1650 MARKET STREET  
City-State-Zip: PHILADELPHIA PA 19103

Title MANAGING PARTNER, PRESIDENT  
Name MCGUINNESS, VINCENT R  
Address 1650 MARKET STREET  
City-State-Zip: PHILADELPHIA PA 19103

Title VP  
Name LEONARD, JEFFREY A  
Address 1650 MARKET STREET  
City-State-Zip: PHILADELPHIA PA 19103

Title DIRECTOR  
Name LEARY, PAUL  
Address 1650 MARKET STREET  
2800  
City-State-Zip: PHILADELPHIA PA 19103

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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: DAVID ELLMAN****COO****02/26/2021**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name WALLRICH, TOM  
Address 1650 MARKET STREET  
2800  
City-State-Zip: PHILADELPHIA PA 19103

Title DIRECTOR  
Name FONTAINE, PETER  
Address 1650 MARKET STREET  
2800  
City-State-Zip: PHILADELPHIA PA 19103

Title DIRECTOR  
Name KALANI, LORI  
Address 1650 MARKET STREET  
2800  
City-State-Zip: PHILADELPHIA PA 19103

Title DIRECTOR  
Name SCHRIER, MARTIN  
Address 1650 MARKET STREET  
2800  
City-State-Zip: PHILADELPHIA PA 19103

Title DIRECTOR  
Name SCHMIDT, MICHAEL  
Address 1650 MARKET STREET  
2800  
City-State-Zip: PHILADELPHIA PA 19103

Title DIRECTOR  
Name MAYES, SUZANNE  
Address 1650 MARKET STREET  
City-State-Zip: PHILADELPHIA PA 19103

Title DIRECTOR  
Name WERMUTH, ANNA  
Address 1650 MARKET STREET  
2800  
City-State-Zip: PHILADELPHIA PA 19103

Title DIRECTOR  
Name MAYCON, HOWARD  
Address 1650 MARKET STREET  
2800  
City-State-Zip: PHILADELPHIA PA 19103

Title DIRECTOR  
Name MARQUIS, MILTON  
Address 1650 MARKET STREET  
2800  
City-State-Zip: PHILADELPHIA PA 19103

Title DIRECTOR  
Name CARTER, SEAN  
Address 1650 MARKET STREET  
2800  
City-State-Zip: PHILADELPHIA PA 19103

Title DIRECTOR  
Name GUBERNICK, IRA  
Address 1650 MARKET STREET  
City-State-Zip: PHILADELPHIA PA 19103