

2020 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 VP
Name FELDMAN, ELLIOTT R
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 VP
Name LEONARD, JEFFREY A
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/S
Name BLOCH, SANDRA A
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 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****02/28/2020**

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 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