

2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000004887

Entity Name: THE SEGAL COMPANY (SOUTHEAST), INC.**Current Principal Place of Business:**333 WEST 34TH STREET
NEW YORK, NY 10001**Current Mailing Address:**333 WEST 34TH STREET
NEW YORK, NY 10001**FEI Number: 13-2619259****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**Officer/Director Detail :**

Title CHAIRMAN, DIRECTOR
Name FLUHR, HOWARD
Address 333 WEST 34TH STREET
City-State-Zip: NEW YORK NY 10001

Title DIRECTOR
Name KEILIN, EUGENE
Address 200 PARK AVENUE
City-State-Zip: NEW YORK NY 10166

Title DIRECTOR
Name BIDDLE, J. TIM
Address 120 MONTGOMERY ST., SUTIE 500
City-State-Zip: SAN FRANCISCO CA 94104

Title DIRECTOR
Name DEMAIRO, JOHN
Address 333 WEST 34TH STREET
City-State-Zip: NEW YORK NY 10001

Title PRESIDENT, CEO, DIRECTOR
Name LOCICERO, JOSEPH A
Address 333 WEST 34TH STREET
City-State-Zip: NEW YORK NY 10001

Title DIRECTOR
Name BLUMENSTEIN, DAVID
Address 1920 N STREET NW STE 400
City-State-Zip: WASHINGTON DC 20036

Title DIRECTOR
Name DELON, MERRIL
Address 140 THOMPSON ST., #5E
City-State-Zip: NEW YORK NY 10012

Title DIRECTOR
Name GINEO, ANN
Address 30 WATERSIDE DR., STE. 300
City-State-Zip: FARMINGTON CT 06032

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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: MARGERY SINDER FRIEDMAN**SECRETARY****04/29/2016**_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title DIRECTOR
Name SHERMAN, ANDREW
Address 116 HUNTINGTON AVE., 8TH FL.
City-State-Zip: BOSTON MA 02116

Title DIRECTOR
Name FLYNN, JOHN
Address 30 WATERSIDE DRIVE. STE. 300
City-State-Zip: FARMINGTON CT 06032