

**2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F08000003106

**Entity Name:** EWING COLE, INC.**Current Principal Place of Business:**100 NORTH 6TH STREET  
PHILADELPHIA, PA 19106**Current Mailing Address:**100 NORTH 6TH STREET  
PHILADELPHIA, PA 19106**FEI Number:** 23-1891628**Certificate of Status Desired:** No**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 CFO, OFFICER  
Name KELLY, JOSEPH T.  
Address 100 NORTH 6TH STREET  
City-State-Zip: PHILADELPHIA PA 19106

Title PRESIDENT, OFFICER  
Name MCCONNELL, ROBERT A.  
Address 100 NORTH 6TH STREET  
City-State-Zip: PHILADELPHIA PA 19106

Title SECRETARY, OFFICER  
Name RUDY, ROGER B.  
Address 100 NORTH 6TH STREET  
City-State-Zip: PHILADELPHIA PA 19106

Title DIRECTOR  
Name JOESTEN, ERIC  
Address 100 NORTH 6TH STREET  
City-State-Zip: PHILADELPHIA PA 19106

Title CEO, OFFICER  
Name LOOS, JARED J.  
Address 100 NORTH 6TH STREET  
City-State-Zip: PHILADELPHIA PA 19106

Title VP, OFFICER  
Name FALLON, KEITH  
Address 100 NORTH 6TH STREET  
City-State-Zip: PHILADELPHIA PA 19106

Title DIRECTOR  
Name FRAZIER, MARY  
Address 100 NORTH 6TH STREET  
City-State-Zip: PHILADELPHIA PA 19106

Title DIRECTOR  
Name MCCULLOUGH, WILLIAM  
Address 100 NORTH 6TH STREET  
City-State-Zip: PHILADELPHIA PA 19106

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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:** JOSEPH T. KELLY

02/10/2023

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title                   DIRECTOR  
Name                 SANCHEZ, AITOR  
Address             100 NORTH 6TH STREET  
City-State-Zip:   PHILADELPHIA PA 19106

Title                   DIRECTOR  
Name                 LEHMAN, MICHAEL  
Address             15231 LAGUNA CANYON ROAD  
                          SUITE 200  
City-State-Zip:   IRVINE CA 92618

Title                   DIRECTOR  
Name                 WELSH, PETER  
Address             100 NORTH 6TH STREET  
City-State-Zip:   PHILADELPHIA PA 19106

Title                   DIRECTOR  
Name                 CAPELLI, JOHN L  
Address             100 NORTH 6TH STREET  
City-State-Zip:   PHILADELPHIA PA 19106