

**2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F08000003324

**FILED**  
**Feb 23, 2015**  
**Secretary of State**  
**CC7102419255**

**Entity Name:** KARASCH & ASSOCIATES, INC.

**Current Principal Place of Business:**

1646 WEST CHESTER PIKE  
STE 4  
WEST CHESTER, PA 19382-4874

**Current Mailing Address:**

1646 WEST CHESTER PIKE  
STE 4  
WEST CHESTER, PA 19382-4874 US

**FEI Number:** 23-2720174

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

NRAI SERVICES, INC.  
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 MS  
Name KARASCH, LINDA C  
Address 1646 WEST CHESTER PIKE  
STE 4  
City-State-Zip: WEST CHESTER PA 19382-4874

Title MS  
Name SIMPSON, DAWN  
Address 138 NORTH 4TH STREET  
City-State-Zip: OXFORD PA 19363

Title MR  
Name KARASCH, HENRY J  
Address 1646 WEST CHESTER PIKE  
STE 4  
City-State-Zip: WEST CHESTER PA 19382-4874

Title MS  
Name GRECO, AUDREY  
Address 710 WILSON CIRCLE  
City-State-Zip: WEST CHESTER PA 19382

*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:** AUDREY GRECO

**VP BUSINESS  
DEVELOPMENT**

**02/23/2015**

Electronic Signature of Signing Officer/Director Detail

Date