

2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F09000003601

Entity Name: OLIN PARTNERSHIP, LTD., INC.**Current Principal Place of Business:**150 S INDEPENDENCE MALL WEST
SUITE 1123
PHILADELPHIA, PA 19106**Current Mailing Address:**150 S INDEPENDENCE MALL WEST
SUITE 1123
PHILADELPHIA, PA 19106 US**FEI Number:** 23-2105286**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**MUNROE, W.BRADLEY ESQ
239 E VIRGINIA STREET
TALLAHASSEE, FL 32301 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	VP
Name	MCGLADE, DENNIS
Address	150 S INDEPENDENCE MALL WEST STE 1123
City-State-Zip:	PHILADELPHIA PA 19106

Title	VP, SECRETARY
Name	WEILER, SUSAN
Address	150 S INDEPENDENCE MALL WEST STE 1123
City-State-Zip:	PHILADELPHIA PA 19106

Title	PRESIDENT, CEO
Name	SANDERS, LUCINDA R
Address	150 S INDEPENDENCE MALL WEST STE 1123
City-State-Zip:	PHILADELPHIA PA 19106

Title	TREASURER
Name	DUBIN, STEVEN ALAN
Address	150 S INDEPENDENCE MALL WEST SUITE 1123
City-State-Zip:	PHILADELPHIA PA 19106

Title	VP
Name	BOYCE, HARRIET
Address	150 S INDEPENDENCE MALL WEST SUITE 1123
City-State-Zip:	PHILADELPHIA PA 19106

Title	VP
Name	GRAFFAM, EARL
Address	150 S INDEPENDENCE MALL WEST SUITE 1123
City-State-Zip:	PHILADELPHIA PA 19106

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: STEVEN DUBIN**CFO/TREASURER****01/19/2017**

Electronic Signature of Signing Officer/Director Detail

Date