## **2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F1000000658

Entity Name: CRAWFORD INVESTMENT COUNSEL, INC.

**Current Principal Place of Business:** 

600 GALLERIA PARKWAY SUITE 1650

ATLANTA, GA 30339

**Current Mailing Address:** 

600 GALLERIA PARKWAY SUITE 1650 ATLANTA. GA 30339

FEI Number: 58-1408870 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:

Date Electronic Signature of Registered Agent

Officer/Director Detail:

Title **PRESIDENT** Title DIRECTOR, VP

CRAWFORD, DAVID B. CRAWFORD, JOHN IV Name Name

600 GALLERIA PARKWAY SUITE 1650 600 GALLERIA PARKWAY SUITE 1650 Address Address

City-State-Zip: ATLANTA GA 30339 City-State-Zip: ATLANTA GA 30339

Title DIRECTOR Title **SECRETARY** 

Name CRAWFORD, DAVID B Name CRAWFORD, CATHIE

600 GALLERIA PARKWAY SUITE 1650 600 GALLERIA PARKWAY SUITE 1650 Address Address

City-State-Zip: ATLANTA GA 30339 City-State-Zip: ATLANTA GA 30339

Title **CFO** Title **DIRECTOR** 

Name RIVERA,, TONY Name CRAWFORD,, III JOHN H.

Address 600 GALLERIA PARKWAY SUITE 1650 Address 600 GALLERIA PARKWAY SUITE 1650

City-State-Zip: ATLANTA GA 30339 City-State-Zip: ATLANTA GA 30339

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: TONY RIVERA,

**CFO** 

03/06/2023

**FILED** Mar 06, 2023

**Secretary of State** 

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