

**2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F11000001885

**Entity Name:** MCKIM & CREED, INC.

**Current Principal Place of Business:**

4300 EDWARDS MILL RD.  
SUITE 200  
RALEIGH, NC 27612

**FILED**  
**Jan 05, 2024**  
**Secretary of State**  
**4940152476CC**

**Current Mailing Address:**

4300 EDWARDS MILL RD.  
SUITE 200  
RALEIGH, NC 27612 US

**FEI Number: 56-2136769**

**Certificate of Status Desired: No**

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

BUSINESS FILINGS INCORPORATED  
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            CEO  
Name            LEE, A. STREET  
Address        1365 HAMLET AVENUE  
City-State-Zip: CLEARWATER FL 33756

Title            VP  
Name            GARLAND, ROBERT  
Address        551 NORTH CATTLEMEN RD  
                  106  
City-State-Zip: SARASOTA FL 34232

Title            VP  
Name            POLLARD, EDWARD N  
Address        4300 EDWARDS MILL RD.  
                  SUITE 200  
City-State-Zip: RALEIGH NC 27612

Title            SENIOR VICE PRESIDENT  
Name            JONES, DAVID  
Address        242 NORTH FRONT STREET  
City-State-Zip: WILMINGTON ND 28401

Title            VP  
Name            BOSSHART, CHRISTOPHER  
Address        3903 NORTHDAL BLVD  
City-State-Zip: TAMPA FL 33624

Title            VP  
Name            WUDTE, WILLIAM  
Address        551 NORTH CATTLEMAN RD  
City-State-Zip: SARASOTA FL 34232

Title            VP  
Name            JEHLE, PATRICK  
Address        1206 N. PALAFOX ST.  
City-State-Zip: PENSACOLA FL 32501

Title            ASST. VICE PRESIDENT  
Name            DUNHAM, BARRY  
Address        1365 HAMLET AVE.  
City-State-Zip: CLEARWATER FL 33756

**Continues on page 2**

*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: EDWARD POLLARD**

**VICE PRESIDENT**

**01/05/2024**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title VP  
Name LALUZERNE, MATTHEW  
Address 7003 UNIVERSITY BLVD  
City-State-Zip: WINTER PARK FL 32792