

2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F18000004477

FILED
Jun 17, 2020
Secretary of State
6849935528CC

Entity Name: BROUSE MCDOWELL, A LEGAL PROFESSIONAL ASSOCIATION, INC.

Current Principal Place of Business:

388 S. MAIN STREET STE 500,
AKRON, OH 44311

Current Mailing Address:

388 S. MAIN STREET STE 500,
AKRON, OH 44311 US

FEI Number: 34-1108723

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 CHAIRMAN
Name GLESSNER, DANIEL K
Address 388 S.MAIN STREET STE 500
City-State-Zip: AKRON OH 44311

Title D
Name LEFFLER, AMANDA
Address 388 S. MAIN STREET STE 500
City-State-Zip: AKRON OH 44311

Title D
Name CARNEY, CHRISTOPHER J.
Address 388 S. MAIN STREET STE 500
City-State-Zip: AKRON OH 44311

Title P
Name GLESSNER, DANIEL K
Address 388 S. MAIN STREET STE 500
City-State-Zip: AKRON OH 44311

Title VP
Name GAJDA, PATRICIA A.
Address 388 S. MAIN STREET STE 500,
City-State-Zip: AKRON OH 44311

Title S
Name HARRIS, RICHARD H
Address 388 S MAIN STREET
STE 500
City-State-Zip: AKRON FL 44311

Title T
Name HATGAS, NANCY
Address 388 S. MAIN STREET STE 500,
City-State-Zip: AKRON OH 44311

Title DIRECTOR
Name GAJDA, PATRICIA A.
Address 388 S. MAIN STREET STE 500
City-State-Zip: AKRON OH 44311

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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: RICHARD H. HARRIS

SECRETARY

06/17/2020

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name MILLER, ANDREW W
Address 388 S. MAIN STREET STE 500,
City-State-Zip: AKRON OH 44311