

**2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F18000004477

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

**FILED**  
**Apr 26, 2023**  
**Secretary of State**  
**6506401009CC**

**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 DIRECTOR  
Name HORBUS, CRAIG  
Address 388 S. MAIN STREET STE 500  
City-State-Zip: AKRON OH 44311

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

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

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

Title SECRETARY  
Name SILFANI, DANIEL L.  
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

Title DIRECTOR  
Name MILLER, ANDREW W  
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: KYLE WEIGAND**

**ASSISTANT SECRETARY 04/26/2023**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title ASSISTANT SECRETARY  
Name WEIGAND, KYLE  
Address 388 S. MAIN STREET STE 500  
City-State-Zip: AKRON OH 44311

Title TREASURER  
Name SWING, CHRISTOPHER F.  
Address 388 S. MAIN STREET STE 500,  
City-State-Zip: AKRON OH 44311