

2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F22000002061

Entity Name: BERGMANN ARCHITECTURAL ASSOCIATES, INC.**Current Principal Place of Business:**181 WASHINGTON STREET, STE 430
6 TOWER BRIDGE
CONSHOHOCKEN, PA 19428**Current Mailing Address:**181 WASHINGTON STREET, STE 430
6 TOWER BRIDGE
CONSHOHOCKEN, PA 19428 US**FEI Number: NOT APPLICABLE****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 PRESIDENT
Name REDER, THOMAS R
Address 181 WASHINGTON STREET, STE 430
 6 TOWER BRIDGE
City-State-Zip: CONSHOHOCKEN PA 19428

Title DIRECTOR, VP
Name O'ROURKE, SEAN M
Address 181 WASHINGTON STREET, STE 430
 6 TOWER BRIDGE
City-State-Zip: CONSHOHOCKEN PA 19428

Title DIRECTOR, VP
Name JOHNS, MARK S
Address 181 WASHINGTON STREET, STE 430
 6 TOWER BRIDGE
City-State-Zip: CONSHOHOCKEN PA 19428

Title DIRECTOR, VP
Name WRASMAN, SCOTT P
Address 181 WASHINGTON STREET, STE 430
 6 TOWER BRIDGE
City-State-Zip: CONSHOHOCKEN PA 19428

Title DIRECTOR, VP
Name NATSIS, JOHN
Address 181 WASHINGTON STREET, STE 430
 6 TOWER BRIDGE
City-State-Zip: CONSHOHOCKEN PA 19428

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: REDER, THOMAS R.**PRESIDENT****03/02/2023**

Electronic Signature of Signing Officer/Director Detail

Date