2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000000974

Entity Name: DIGIORGIO ASSOCIATES INC.

Current Principal Place of Business:

529 MAIN STREET **SUITE 3303** BOSTON, MA 02129

FILED Jun 28, 2018 Secretary of State CC1806576398

Current Mailing Address:

529 MAIN STREET SUITE 3303 BOSTON, MA 02129 US

FEI Number: 04-2842901 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SYOSSET NY 11791

COGENCY GLOBAL INC. 115 NORTH CALHOUN ST. SUITE 4 TALLAHASSEE, FL 32301 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.

City-State-Zip:

SYOSSET NY 11791

SIGNATURE:

City-State-Zip:

City-State-Zip:

Electronic Signature of Registered Agent

Date

Officer/Director Detail:

Title Title **SECRETARY** Name ROBERTS, LAWRENCE Name BERECHE, ALFRED 3 AERIAL WAY 3 AERIAL WAY Address Address

Title CHIEF EXECUTIVE OFFICER Title **CHAIRMAN** Name TROTTA, ROCCO TORMENTA, LUIS Name Address 3 AERIAL WAY 3 AERIAL WAY Address

City-State-Zip: SYOSSET NY 11791 City-State-Zip: SYOSSET NY 11791

Title **OFFICER** Title **OFFICER**

ZYCHOWICZ, JOHN JR. Name Name BURTON, MICHAEL

Address **529 MAIN STREET** Address 3 AERIAL WAY

SUITE 3303 SYOSSET NY 11791

BOSTON MA 02129 City-State-Zip:

Title **OFFICER** Title **OFFICER**

Name SMITH, MICHAEL GRANT, JOSEPH Name 3 AERIAL WAY Address Address 3 AERIAL WAY City-State-Zip: SYOSSET NY 11791

City-State-Zip: SYOSSET NY 11791

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: ALFRED BERECHE

GENERAL COUNSEL AND 06/28/2018 SECRETARY

Electronic Signature of Signing Officer/Director Detail