

**2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F97000001910

**Entity Name:** TIMOTHY HAAHS & ASSOCIATES, INC.

**FILED**  
**Jan 30, 2020**  
**Secretary of State**  
**8503780922CC**

**Current Principal Place of Business:**

550 TOWNSHIP LINE RD  
SUITE 100  
BLUE BELL, PA 19422

**Current Mailing Address:**

550 TOWNSHIP LINE RD  
SUITE 100  
BLUE BELL, PA 19422

**FEI Number:** 23-2756408

**Certificate of Status Desired:** No

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
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.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            HAAHS, TIMOTHY H  
Address        550 TOWNSHIP LINE RD  
                 SUITE 100  
City-State-Zip: BLUE BELL PA 19422

Title            VICE CHAIRMAN  
Name            ALARCON, PETRONILO C  
Address        550 TOWNSHIP LINE RD  
                 SUITE 100  
City-State-Zip: BLUE BELL PA 19422

Title            CFO, SECRETARY, TREASURER  
Name            HAAHS, JANICE J  
Address        550 TOWNSHIP LINE RD  
                 SUITE 100  
City-State-Zip: BLUE BELL PA 19422

Title            DIRECTOR  
Name            SHMIDHEISER, GEORGE  
Address        IW.ELM STREET  
                 SUITE 400  
City-State-Zip: CONSHOCKEN 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:** JANICE J. HAAHS

**CHIEF FINANCIAL  
OFFICER**

**01/30/2020**

Electronic Signature of Signing Officer/Director Detail

Date