

2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P38527

FILED
Mar 21, 2019
Secretary of State
2431877690CC

Entity Name: PEER CONSULTANTS, P.C.

Current Principal Place of Business:

409 12TH STREET SW
SUITE 603
WASHINGTON, DC 20024

Current Mailing Address:

409 12TH STREET SW
SUITE 603
WASHINGTON, DC 20024 US

FEI Number: 52-1135381

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, DIRECTOR
Name ABRON, LILIA A.
Address 409 12TH STREET SW
 SUITE 603
City-State-Zip: WASHINGTON DC 20024

Title DIRECTOR, VP
Name CORLISS, JOHN JR.
Address 409 12TH STREET SW
 SUITE 603
City-State-Zip: WASHINGTON DC 20024

Title DIRECTOR, VP
Name DAVIES-VENN, CHRISTIAN
Address 409 12TH STREET SW
 SUITE 603
City-State-Zip: WASHINGTON DC 20024

Title DIRECTOR
Name GRAY, ED
Address 1120 20TH STREET
 NW, 750S
City-State-Zip: WASHINGTON, D.C. DC 20036

Title DIRECTOR
Name MCCADDEN, CAROLYN
Address 424 FERNWOOD FARMS ROAD
City-State-Zip: CHESAPEAKE VA 23320

Title SECRETARY
Name TUCKER, DIANA L.
Address 409 12TH STREET SW
 SUITE 603
City-State-Zip: WASHINGTON DC 20024

Title DIRECTOR
Name TUCKER, JOHN W. JR.
Address 12113 STONEYBOTTOM ROAD
City-State-Zip: GERMANTOWN MD 21223

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: LILIA A. ABRON

PRESIDENT

03/21/2019

Electronic Signature of Signing Officer/Director Detail

Date