

2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P38527

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

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

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

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

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

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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: LILIA A. ABRON

PRESIDENT

05/29/2020

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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

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

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