

2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000092445

Entity Name: PARSONS ARCHITECTURE OF FLORIDA INC.**Current Principal Place of Business:**1422 S. TRYON ST. STE. 800
CHARLOTTE, NC 28203**Current Mailing Address:**16055 SPACE CENTER BLVD
SUITE 725
HOUSTON, TX 77062**FEI Number:** 26-0749177**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	PRES, DIRECTOR
Name	LITMAN, STEVEN S
Address	200 COTTONTAIL LANE
City-State-Zip:	SOMERSET NJ 08873

Title	VP, ASST. SECRETARY
Name	DALVI, ASHAY V
Address	100 WEST WALNUT STREET
City-State-Zip:	PASADENA CA 91124

Title	VP, ASST. SECRETARY
Name	WALKER-LANZ, PAUL I
Address	100 WEST WALNUT STREET
City-State-Zip:	PASADENA CA 91124

Title	ASST. SECRETARY
Name	WILLIAMS, CARLTON E
Address	16055 SPACE CENTER BLVD STE 725
City-State-Zip:	HOUSTON TX 77062

Title	VP
Name	BETANCOURT, JOSE
Address	100 W WALNUT ST
City-State-Zip:	PASADENA CA 91124

Title	VP, SECRETARY
Name	ZEINI, ABDULLAH M
Address	100 WEST WALNUT STREET
City-State-Zip:	PASADENA CA 91124

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: CARLTON E WILLIAMS

ASST SECRETARY

04/04/2022

Electronic Signature of Signing Officer/Director Detail

Date