# 2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000079034

Entity Name: PRISAREIT, INC.

#### **Current Principal Place of Business:**

7 GIRALDA FARMS 3RD FLOOR MADISON, NJ 07940

## **Current Mailing Address:**

7 GIRALDA FARMS 3RD FLOOR MADISON, NJ 07940 US

## FEI Number: 65-0534345

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

CT CORPORATION SYSTEM C/O CT 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

## Officer/Director Detail :

Title	VP	Title	VP
Name	KEENAN, JEREMY	Name	MULFORD, JOANNA
Address	7 GIRALDA FARMS 3RD FLOOR	Address	7 GIRALDA FARMS 3RD FLOOR
City-State-Zip:	MADISON NJ 07940	City-State-Zip:	MADISON NJ 07940
Title	DIRECTOR	Title	VP
Name	GARCIA, FRANK	Name	GLEN, JAMES
Address	7 GIRALDA FARMS 3RD FLOOR	Address	7 GIRALDA FARMS 3RD FLOOR
City-State-Zip:	MADISON NJ 07940	City-State-Zip:	MADISON NJ 07940
<b>T</b> :0 -		<b></b>	DIDEOTOD
Title	DIRECTOR	Title	DIRECTOR
l itle Name	GLEN, JAMES	litle Name	DIRECTOR MULFORD, JOANNA
Name	GLEN, JAMES 7 GIRALDA FARMS	Name	MULFORD, JOANNA 7 GIRALDA FARMS
Name Address	GLEN, JAMES 7 GIRALDA FARMS 3RD FLOOR	Name Address	MULFORD, JOANNA 7 GIRALDA FARMS 3RD FLOOR
Name Address City-State-Zip:	GLEN, JAMES 7 GIRALDA FARMS 3RD FLOOR MADISON NJ 07940	Name Address City-State-Zip:	MULFORD, JOANNA 7 GIRALDA FARMS 3RD FLOOR MADISON NJ 07940
Name Address City-State-Zip: Title	GLEN, JAMES 7 GIRALDA FARMS 3RD FLOOR MADISON NJ 07940 SECRETARY	Name Address City-State-Zip: Title	MULFORD, JOANNA 7 GIRALDA FARMS 3RD FLOOR MADISON NJ 07940 TREASURER
Name Address City-State-Zip: Title Name	GLEN, JAMES 7 GIRALDA FARMS 3RD FLOOR MADISON NJ 07940 SECRETARY CEBERIO, ERNEST 7 GIRALDA FARMS	Name Address City-State-Zip: Title Name	MULFORD, JOANNA 7 GIRALDA FARMS 3RD FLOOR MADISON NJ 07940 TREASURER MULFORD, JOANNA 7 GIRALDA FARMS

# Continues on page 2

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: JOANNA MULFORD		TREASURER	05/26/2020
	Electronic Signature of Signing Officer/Director Detail		Date

# FILED May 26, 2020 Secretary of State 2444299565CC

Certificate of Status Desired: No

Date

#### **Officer/Director Detail Continued :**

Title	PRESIDENT/CEO
Name	GARCIA, FRANK
Address	7 GIRALDA FARMS 3RD FLOOR
City-State-Zip:	MADISON NJ 07940