

**2020 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M11000001868

**Entity Name:** 1200 NORTH FEDERAL ASSOCIATES, LLC

**Current Principal Place of Business:**

125 E. ELM ST.  
SUITE 400  
CONSHOHOCKEN, PA 19428

**Current Mailing Address:**

1200 CORPORATE CENTER  
1200 NORTH FEDERAL HIGHWAY SUITE 200  
BOCA RATON, FL 33432 US

**FEI Number:** 45-2420427

**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:** KRISTIN BOLDEN, ASSISTANT SECRETARY

05/27/2020

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title            PRESIDENT  
Name            GLAZER, WILLIAM  
Address        125 E. ELM ST.  
                  SUITE 400  
City-State-Zip: CONSHOHOCKEN PA 19428

Title            EXECUTIVE VP  
Name            RASH, MARC  
Address        125 E. ELM ST.  
                  SUITE 400  
City-State-Zip: CONSHOHOCKEN PA 19428

Title            CFO  
Name            CRIGER, TIM  
Address        125 E. ELM ST.  
                  SUITE 400  
City-State-Zip: CONSHOHOCKEN PA 19428

Title            TREASURER  
Name            GERWITZ, HERMAN  
Address        125 E. ELM ST.  
                  SUITE 400  
City-State-Zip: CONSHOHOCKEN PA 19428

Title            CORPORATE CONTROLLER  
Name            HUGHES, JOSEPH  
Address        125 E. ELM ST.  
                  SUITE 400  
City-State-Zip: CONSHOHOCKEN PA 19428

Title            TREASURY CONTROLLER  
Name            RHODES, RIVA  
Address        125 E. ELM ST.  
                  SUITE 400  
City-State-Zip: CONSHOHOCKEN 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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** MARC RASH

EXECUTIVE VP

05/27/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date