

2024 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M11000001868

Entity Name: 1200 NORTH FEDERAL ASSOCIATES, LLC

Current Principal Place of Business:

C/O KEYSTONE DEVELOPMENT
INVESTMENT 1001 CONSHOHOCKEN STATE ROAD STATE ROAD SUITE 2-201
WEST CONSHOHOCKEN, PA 19428

Current Mailing Address:

C/O KEYSTONE DEVELOPMENT
INVESTMENT 1001 CONSHOHOCKEN STATE ROAD STATE ROAD SUITE 2-201
WEST CONSHOHOCKEN, PA 19428 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

02/28/2024

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title: MANAGER
Name: GLAZER, WILLIAM
Address: C/O KEYSTONE DEVELOPMENT
INVESTMENT 1001 CONSHOHOCKEN
STATE ROAD STATE ROAD SUITE 2-201
City-State-Zip: WEST CONSHOHOCKEN PA 19428

Title: MANAGER
Name: RASH, MARC
Address: C/O KEYSTONE DEVELOPMENT
INVESTMENT 1001 CONSHOHOCKEN
STATE ROAD STATE ROAD SUITE 2-201
City-State-Zip: WEST CONSHOHOCKEN PA 19428

Title: MANAGER
Name: GERWITZ, HERMAN
Address: C/O KEYSTONE DEVELOPMENT
INVESTMENT 1001 CONSHOHOCKEN
STATE ROAD STATE ROAD SUITE 2-201
City-State-Zip: WEST CONSHOHOCKEN PA 19428

Title: MANAGER
Name: RHODES, RIVA
Address: C/O KEYSTONE DEVELOPMENT
INVESTMENT 1001 CONSHOHOCKEN
STATE ROAD STATE ROAD SUITE 2-201
City-State-Zip: WEST CONSHOHOCKEN PA 19428

Title: MANAGER
Name: CRIGER, TIM
Address: C/O KEYSTONE DEVELOPMENT
INVESTMENT 1001 CONSHOHOCKEN
STATE ROAD STATE ROAD SUITE 2-201
City-State-Zip: WEST CONSHOHOCKEN PA 19428

Title: MANAGER
Name: HUGHES, JOSEPH
Address: C/O KEYSTONE DEVELOPMENT
INVESTMENT 1001 CONSHOHOCKEN
STATE ROAD STATE ROAD SUITE 2-201
City-State-Zip: WEST 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: WILLIAM GLAZER

MANAGER

02/28/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date