

2022 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M11000001868

Entity Name: 1200 NORTH FEDERAL ASSOCIATES, LLC

Current Principal Place of Business:

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

Current Mailing Address:

C/O KEYSTONE, 1001 CONSHOHOCKEN 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

04/05/2022

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

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

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

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

Title PRESIDENT
Name GLAZER, WILLIAM
Address C/O KEYSTONE, 1001
 CONSHOHOCKEN 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

PRESIDENT

04/05/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date