

**2021 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F01000000517

**Entity Name:** O'BRIEN & GERE LIMITED INC.

**Current Principal Place of Business:**

333 W WASHINGTON ST  
SYRACUSE, NY 13202

**Current Mailing Address:**

PO BOX 4873  
SYRACUSE, NY 13221 US

**FEI Number:** 16-1284512

**Certificate of Status Desired:** No

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

CORPORATION SERVICE COMPANY  
1201 HAYS ST  
TALLAHASSEE, FL 32301 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            PRESIDENT, DIRECTOR  
Name            FOX, JAMES A  
Address        333 W WASHINGTON STREET  
City-State-Zip: SYRACUSE NY 13202

Title            DIRECTOR  
Name            BARRY, TIMOTHY J  
Address        333 W WASHINGTON ST  
City-State-Zip: SYRACUSE NY 13202

Title            DIRECTOR  
Name            NOWLAN, THOMAS A  
Address        301 E GERMANTOWN PIKE  
City-State-Zip: EAST NORRITON PA 19401

Title            DIRECTOR  
Name            ROGERS, JEFFREY S  
Address        333 W WASHINGTON ST  
City-State-Zip: SYRACUSE NY 13202

Title            DIRECTOR  
Name            DELORME, ALLAN J  
Address        2200 POWELL STREET  
                 SUITE 700  
City-State-Zip: EMERYVILLE CA 94608

Title            DIRECTOR, TREASURER  
Name            LEWIS, GUY  
Address        4350 N FAIRFAX DRIVE  
City-State-Zip: ARLINGTON VA 22203

Title            DIRECTOR  
Name            WASHBURN, STEPHEN T  
Address        2200 POWELL STREET  
                 SUITE 700  
City-State-Zip: EMERYVILLE CA 94608

*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:** TIMOTHY J. BARRY

**DIRECTOR**

**03/24/2021**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date