

2022 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

Title SECRETARY
Name GERNANT, ERIC
Address 333 W. WASHINGTON ST.
City-State-Zip: SYRACUSE NY 13202

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: ERIC GERNANT

SECRETARY

04/22/2022

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date