

2021 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F14000002171

Entity Name: PALLADIAN PARTNERS, INC.**Current Principal Place of Business:**8484 GEORGIA AVE SUITE 200
SILVER SPRING, MD 20910**Current Mailing Address:**3520 GREEN CT SUIT 300
ANN ARBOR, MI 48105**FEI Number:** 52-1974660**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	DIRECTOR, PRESIDENT
Name	MALONEY, BETH
Address	8484 GEORGIA AVE SUITE 200
City-State-Zip:	SILVER SPRING MD 20910

Title	DIRECTOR, CEO
Name	SMITH, LINCOLN T
Address	3520 GREEN CT SUITE 300
City-State-Zip:	ANN ARBOR MI 48105

Title	SECRETARY
Name	LAWYER, TRACY M
Address	3520 GREEN CT SUITE 300
City-State-Zip:	ANN ARBOR MI 48105

Title	VP, DIRECTOR
Name	ARMIGO, DANIEL
Address	3520 GREEN CT SUIT 300
City-State-Zip:	ANN ARBOR MI 48105

Title	TREASURER
Name	DAVID, ROBERTSON
Address	3520 GREEN CT SUIT 300
City-State-Zip:	ANN ARBOR MI 48105

Title	VP
Name	EWING, AMY
Address	8484 GEORGIA AVE SUITE 200
City-State-Zip:	SILVER SPRING MD 20910

Title	DIRECTOR
Name	LITTERAL, MALESA
Address	3520 GREEN CT SUIT 300
City-State-Zip:	ANN ARBOR MI 48105

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: TRACY LAWYER**SECRETARY****04/02/2021**_____
Electronic Signature of Signing Officer/Director Detail_____
Date