

2021 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F18000003279

Entity Name: GIBBONS P.C., INC.**Current Principal Place of Business:**ONE GATEWAY CENTER
ATTN: JUNE M. INDERWIES
NEWARK, NJ 07102-5310**Current Mailing Address:**ONE GATEWAY CENTER
ATTN: JUNE M. INDERWIES
NEWARK, NJ 07102-5310 US**FEI Number:** 22-2366099**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 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 CHAIRMAN, P, D
Name DUNICAN, PATRICK C JR.
Address ONE GATEWAY CENTER
City-State-Zip: NEWARK NJ 07102-5310

Title S, D
Name ULRICH, PETER J
Address ONE GATEWAY CENTER
City-State-Zip: NEWARK NJ 07102-5310

Title TD
Name CANNONE, FRANK T
Address ONE GATEWAY CENTER
City-State-Zip: NEWARK NJ 07102-5310

Title D
Name ALWORTH, FREDERICK W
Address ONE GATEWAY CENTER
City-State-Zip: NEWARK NJ 07102-5310

Title D
Name AMALFE, CHRISTINE A
Address ONE GATEWAY CENTER
City-State-Zip: NEWARK NJ 07102-5310

Title D
Name AMORESANO, GUY V
Address ONE GATEWAY CENTER
City-State-Zip: NEWARK NJ 07102-5310

Title D
Name ASFENDIS, PAUL E
Address ONE GATEWAY CENTER
City-State-Zip: NEWARK NJ 07102-5310

Title D
Name BARNEY, DALE E
Address ONE GATEWAY CENTER
City-State-Zip: NEWARK NJ 07102-5310

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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: ROBERT FARO**CHIEF FINANCIAL
OFFICER****03/09/2021**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title D
Name BIRD, KELLY ANN
Address ONE GATEWAY CENTER
City-State-Zip: NEWARK NJ 07102-5310

Title D
Name CATULLO, KIM M
Address ONE GATEWAY CENTER
City-State-Zip: NEWARK NJ 07102-5310

Title D
Name CLIFFORD, DEBRA
Address ONE GATEWAY CENTER
City-State-Zip: NEWARK NJ 07102-5310

Title D
Name COYNE, ROBERT F
Address ONE GATEWAY CENTER
City-State-Zip: NEWARK NJ 07102-5310

Title D
Name DELORENZI, DAVID E
Address ONE GATEWAY CENTER
City-State-Zip: NEWARK NJ 07102-5310

Title D
Name DRAIKIWICZ, JOHN D
Address ONE GATEWAY CENTER
City-State-Zip: NEWARK NJ 07102-5310

Title D
Name ELIAS, JOSHUA R
Address ONE GATEWAY CENTER
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Title D
Name EVANS, KEVIN
Address ONE GATEWAY CENTER
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Title D
Name FINLEY, STEPHEN J
Address ONE GATEWAY CENTER
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Title D
Name GENESLAW, HOWARD D
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Title D

Title D
Name BRADY, ROBERT C
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Title D
Name CHEVALIER, CHARLES H
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Title D
Name CONLAN, MARK
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Title D
Name CRAWFORD, PHILIP W
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Title D
Name DIBENEDETTO, BRIAN
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Title D
Name DUFFY, PHILLIP J
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Title D
Name ETISH, SCOTT J
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Title D
Name FEDERGREEN, SHEPARD A
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Title D
Name GARLEY, R. SCOTT
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Title D
Name GIANNELLI, KAREN A
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Title D
Name GRIES, ALAN R

Name GOLDMAN, LAWRENCE A
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Title D
Name HRADIL, JENNIFER A
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Title D
Name JOHNSON, ROBERT L
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Title D
Name LEVY, BRUCE A
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Title D
Name LUBBEN, MICHAEL J
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Title D
Name MCDONALD, MICHAEL R
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Title D
Name NAGEL, JEFFREY L
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Title D
Name OTERO, CAMILLE V
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Title D
Name PETRUCCI, JAMES J
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Title D
Name REICH, KEVIN R
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Title D
Name SASO, PAUL A
Address ONE GATEWAY CENTER

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Title D
Name JANACEK, DOUGLAS J
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Title D
Name LA ROCCA, JAMES J
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Title D
Name LISS, JONATHAN
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Title D
Name LUSTBERG, LAWRENCE S
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Title D
Name MURPHY, GEORGE J
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Name NARDONE, SUSAN L
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Title D
Name PASCRELL, DAVID J
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Title D
Name PORTNOY, SAMUEL I
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Title D
Name SANTOMAURO, DAMIAN V
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Title D
Name SHOLK, STEVEN H
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Name SIDOTI, MARK S

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Name SONGONUGA, NATASHA

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Name ST. ONGE, PAUL J

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Title D

Name WEBER, KEVIN W

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Name WOLAK, JOHN T

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Name SMITH, JENNIFER PHILLIPS

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Name SOSTOWSKI, KRISTIN D

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Name STEIN, WENDY R

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Name TORCICOLLO, PETER J

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Name VICECONTE, CHRISTOPHER

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Title D

Name WOHLFORTH, E. EVANS JR.

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City-State-Zip: NEWARK NJ 07102-5310

Title CFO

Name FARO, ROBERT

Address ONE GATEWAY CENTER

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