## **2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F95000000559

Entity Name: PERKINS EASTMAN ARCHITECTS, D.P.C, INC.

**Current Principal Place of Business:** 

NEW YORK, NY 10003

115 FIFTH AVENUE

**FILED** May 30, 2020 Secretary of State 4819759182CC

## **Current Mailing Address:**

115 FIFTH AVENUE

NEW YORK, NY 10003 US

FEI Number: 13-3044005 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:

City-State-Zip:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR Title **PRESIDENT** 

HOGLUND, JOHN DAVID Name Name HOGLUND, JOHN DAVID 265 ORCHARD DR. Address 265 ORCHARD DR. Address

Title DIRECTOR Title DIRECTOR

Name LEAHY, NICHOLAS S. BURKHART, ERICH Name Address 115 FIFTH AVENUE Address 100 MONTGOMERY STREET

STF 2300

PITTSBURGH PA 15228

SAN FRANCISCO CA 94104 City-State-Zip:

Title DIRECTOR Title DIRECTOR

Name SCHLOSSBERG, ALAN M. BRAND, JEFFREY A. Name Address 1100 LIBERTY AVENUE 115 FIFTH AVENUE Address City-State-Zip: PITTSBURG PA 15222

City-State-Zip: NEW YORK NY 10003

Title **SECRETARY DIRECTOR** Title

Name EASTMAN, MARY-JEAN Name EASTMAN, MARY-JEAN 2 NORTHSIDE PIERS, 24M Address Address 115 FIFTH AVENUE City-State-Zip: **BROOKLYN NY 11211** 

City-State-Zip: NEW YORK NY 10003

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City-State-Zip:

City-State-Zip:

PITTSBURGH PA 15228

NEW YORK NY 10003

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: MARY-JEAN EASTMAN

SECRETARY

05/30/2020

Electronic Signature of Signing Officer/Director Detail

Date

## Officer/Director Detail Continued:

Title VP Title DIRECTOR

NameEASTMAN, MARY-JEANNameBASLER, SHAWNAddress2 NORTHSIDE PIERS, 24MAddress401 E. 74TH STREET

City-State-Zip: BROOKLYN NY 11211 City-State-Zip: NEW YORK NY 10021

Title DIRECTOR Title VP

NameCINELLI, DANIEL JNameSTARK, JONATHAN NAddress4784 BAYFIELD RD.Address77 SEVENTH AVENUECity-State-Zip:HARWOOD MD 20776City-State-Zip:NEW YORK NY 10011

Title DIRECTOR Title TREASURER

Name PERKINS, L. BRADFORD Name PERKINS, L. BRADFORD

Address 4 RECTORY LANE Address 4 RECTORY LANE

City-State-Zip: SCARSDALE NY 10583 City-State-Zip: SCARSDALE NY 10583