

**2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F95000000559

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

**Current Principal Place of Business:**

115 FIFTH AVENUE  
NEW YORK, NY 10003

**FILED**  
**Apr 06, 2018**  
**Secretary of State**  
**CC4042298873**

**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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title DIRECTOR  
Name BASLER, SHAWN  
Address 401 E. 74TH STREET  
City-State-Zip: NEW YORK NY 10021

Title DIRECTOR  
Name CINELLI, DANIEL J  
Address 4784 BAYFIELD RD.  
City-State-Zip: HARWOOD MD 20776

Title DIRECTOR  
Name PERKINS, L. BRADFORD  
Address 4 RECTORY LANE  
City-State-Zip: SCARSDALE NY 10583

Title TREASURER  
Name PERKINS, L. BRADFORD  
Address 4 RECTORY LANE  
City-State-Zip: SCARSDALE NY 10583

Title DIRECTOR  
Name HOGLUND, JOHN DAVID  
Address 265 ORCHARD DR.  
City-State-Zip: PITTSBURGH PA 15228

Title PRESIDENT  
Name HOGLUND, JOHN DAVID  
Address 265 ORCHARD DR.  
City-State-Zip: PITTSBURGH PA 15228

Title DIRECTOR  
Name CARROLL, CANDACE  
Address 115 FIFTH AVENUE  
City-State-Zip: NEW YORK NY 10003

Title DIRECTOR  
Name BURKHART, ERICH  
Address 100 MONTGOMERY STREET  
STE 2300  
City-State-Zip: SAN FRANCISCO CA 94104

**Continues on page 2**

*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**

**04/06/2018**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name LEAHY, NICHOLAS S.  
Address 115 FIFTH AVENUE  
City-State-Zip: NEW YORK NY 10003

Title DIRECTOR  
Name SCHLOSSBERG, ALAN M.  
Address 1100 LIBERTY AVENUE  
City-State-Zip: PITTSBURG PA 15222

Title SECRETARY  
Name EASTMAN, MARY-JEAN  
Address 2 NORTHSIDE PIERS, 24M  
City-State-Zip: BROOKLYN NY 11211

Title DIRECTOR  
Name BRAND, JEFFREY A.  
Address 115 FIFTH AVENUE  
City-State-Zip: NEW YORK NY 10003

Title DIRECTOR  
Name EASTMAN, MARY-JEAN  
Address 2 NORTHSIDE PIERS, 24M  
City-State-Zip: BROOKLYN NY 11211