

2019 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
Mar 20, 2019
Secretary of State
0314222698CC

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 10003

Title DIRECTOR
Name BRAND, JEFFREY A.
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

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

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

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

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

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

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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: MARY-JEAN EASTMAN,

SECRETARY

03/20/2019

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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

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

Title VP
Name STARK, JONATHAN N
Address 77 SEVENTH AVENUE
City-State-Zip: NEW YORK NY 10011