

**2022 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 13, 2022**  
**Secretary of State**  
**4298215257CC**

**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:**

REGISTERED AGENTS INC.  
7901 4TH ST N #300  
ST PETERSBURG, FL 33702 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 115 FIFTH AVENUE  
City-State-Zip: NEW YORK NY 10003

Title DIRECTOR  
Name SCHLOSSBERG, ALAN  
Address 115 FIFTH AVENUE  
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 HOGLUND, JOHN DAVID  
Address 115 FIFTH AVENUE  
City-State-Zip: NEW YORK NY 10003

Title CHAIRMAN  
Name PERKINS, LAWRENCE BRADFORD  
Address 115 FIFTH AVENUE  
City-State-Zip: NEW YORK NY 10003

Title PRESIDENT  
Name PERKINS, LAWRENCE BRADFORD  
Address 115 FIFTH AVENUE  
City-State-Zip: NEW YORK NY 10003

Title VP  
Name BASLER, SHAWN  
Address 115 FIFTH AVENUE  
City-State-Zip: NEW YORK NY 10003

Title SECRETARY  
Name BASLER, SHAWN  
Address 115 FIFTH AVENUE  
City-State-Zip: NEW YORK NY 10003

**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: LAWRENCE BRADFORD PERKINS**

**PRESIDENT**

**04/13/2022**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title           DIRECTOR  
Name           CINELLI, DANIEL J  
Address        115 FIFTH AVENUE  
City-State-Zip: NEW YORK NY 10003

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