

2016 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

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

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

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

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 ECKSTUT, STANTON
Address 14 HORATIO ST
City-State-Zip: NEW YORK NY 10014

Title DIRECTOR
Name ORDEMANN, CAROL W
Address 131 E. 93 ST
City-State-Zip: NEW YORK NY 10128

Title DIRECTOR
Name SCHWARZ, AARON B
Address 326 W. 22 ST.
City-State-Zip: NEW YORK NY 10011

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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

04/01/2016

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name VANSUMMERN, MARK A
Address 277 WILTON RD
City-State-Zip: WESTPORT CT 06880