

2021 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000000974

Entity Name: DIGIORGIO ASSOCIATES INC.

FILED
Feb 01, 2021
Secretary of State
6847148808CC

Current Principal Place of Business:

529 MAIN STREET
SUITE 3303
BOSTON, MA 02129

Current Mailing Address:

529 MAIN STREET
SUITE 3303
BOSTON, MA 02129 US

FEI Number: 04-2842901

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

COGENCY GLOBAL INC.
115 NORTH CALHOUN ST.
SUITE 4
TALLAHASSEE, FL 32301 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 CFO
Name ROBERTS, LAWRENCE
Address 3 AERIAL WAY
City-State-Zip: SYOSSET NY 11791

Title SECRETARY
Name BERECHÉ, ALFRED
Address 3 AERIAL WAY
City-State-Zip: SYOSSET NY 11791

Title VP
Name ZYCHOWICZ, JOHN JR.
Address 529 MAIN STREET
SUITE 3303
City-State-Zip: BOSTON MA 02129

Title SENIOR VP/DIRECTOR
Name SMITH, MICHAEL
Address 3 AERIAL WAY
City-State-Zip: SYOSSET NY 11791

Title SVP/CO-CEO, DIRECTOR
Name GRANT, JOSEPH
Address 3 AERIAL WAY
City-State-Zip: SYOSSET NY 11791

Title SVP
Name NOVELLINE, BRIAN
Address 529 MAIN STREET
STE 3303
City-State-Zip: BOSTON MA 02129

Title VP
Name CHASE, TODD
Address 529 MAIN STREET
STE. 3303
City-State-Zip: BOSTON MA 02129

Title VP
Name LAM, THOMAS
Address 529 MAIN STREET
STE 3303
City-State-Zip: BOSTON MA 02129

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: ALFRED C. BERECHÉ

SECRETARY / GENERAL 02/01/2021
COUNSEL

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name MANNING, B. CHARLES
Address 3 AERIAL WAY
City-State-Zip: SYOSSET NY 11791

Title DIRECTOR
Name OWNJAZAYERI, VAHID
Address 3 AERIAL WAY
City-State-Zip: SYOSSET NY 11791