

**2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F97000000974

**FILED**  
**Jan 16, 2020**  
**Secretary of State**  
**9408469411CC**

**Entity Name:** DIGIORGIO ASSOCIATES INC.

**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 VC, CEO, PRESIDENT  
Name TORMENTA, LUIS  
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 VP/DIRECTOR  
Name SMITH, MICHAEL  
Address 3 AERIAL WAY  
City-State-Zip: SYOSSET NY 11791

Title VP/CO-CEO  
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

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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:** ALFRED C. BERECHÉ

**SECRETARY**

**01/16/2020**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

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