

2021 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000003008

Entity Name: ADVERTISING SPECIALTY INSTITUTE, INC.**Current Principal Place of Business:**4800 STREET RD
TREVOSE, PA 19053**Current Mailing Address:**4800 STREET RD
TREVOSE, PA 19053 US**FEI Number: 23-1608621****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**NRAI SERVICES, INC
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 AND CEO
Name ANDREWS, TIMOTHY
Address 4800 EAST STREET ROAD
City-State-Zip: TREVOSE PA 19053-6646

Title DIRECTOR, CHAIRMAN, TREASURER
Name COHN, NORMAN
Address 4800 EAST STREET ROAD
City-State-Zip: TREVOSE PA 19053-6646

Title DIRECTOR, VC, ASST. TREASURER
Name COHN, MATTHEW N.
Address 4800 STREET RD
City-State-Zip: TREVOSE PA 19053

Title EXECUTIVE VICE PRESIDENT,
 GENERAL COUNSEL, SECRETARY,
 DIRECTOR
Name BRIGHT, STEPHEN
Address 4800 EAST STREET ROAD
City-State-Zip: TREVOSE PA 19053-6646

Title DIRECTOR, VP
Name COHN, SUZANNE
Address 4800 EAST STREET ROAD
City-State-Zip: TREVOSE PA 19053-6646

Title DIRECTOR, VP, ASST. SECRETARY
Name SCHAEFFER, STEPHANIE C
Address 4800 STREET RD
City-State-Zip: TREVOSE PA 19053

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: STEPHEN F. BRIGHT**SECRETARY****03/25/2021**

Electronic Signature of Signing Officer/Director Detail

Date