

**2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03090

**Entity Name:** LANDRUM & BROWN, INCORPORATED

**Current Principal Place of Business:**

4445 LAKE FOREST DRIVE SUITE 700  
CINCINNATI, OH 45242

**Current Mailing Address:**

4445 LAKE FOREST DRIVE SUITE 700  
CINCINNATI, OH 45242 US

**FEI Number: 31-1095645**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

NRAI SERVICES, INC  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

**FILED**  
**Apr 30, 2019**  
**Secretary of State**  
**9664680616CC**

*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 CEO  
Name PERRYMAN, MARK  
Address 4445 LAKE FOREST DRIVE SUITE 700  
City-State-Zip: CINCINNATI OH 45242

Title CFO  
Name KONOW, AMY  
Address 4445 LAKE FOREST DRIVE SUITE 700  
City-State-Zip: CINCINNATI OH 45242

Title EXECUTIVE VICE PRESIDENT  
Name FERNANDEZ, BERTA  
Address 4445 LAKE FOREST DRIVE SUITE 700  
City-State-Zip: CINCINNATI OH 45242

Title VP  
Name LEE, MATTHEW H.  
Address 4445 LAKE FOREST DRIVE SUITE 700  
City-State-Zip: CINCINNATI OH 45242

Title VP  
Name ADAMS, ROBERT J  
Address 4445 LAKE FOREST DRIVE SUITE 700  
City-State-Zip: CINCINNATI OH 45242

Title VP  
Name CORNELL, THOMAS L  
Address 4445 LAKE FOREST DRIVE SUITE 700  
City-State-Zip: CINCINNATI OH 45242

Title DIRECTOR  
Name GIBB, GARY  
Address 4445 LAKE FOREST DRIVE SUITE 700  
City-State-Zip: CINCINNATI OH 45242

Title DIRECTOR  
Name RIHANI, BASHAR  
Address 4445 LAKE FOREST DRIVE SUITE 700  
City-State-Zip: CINCINNATI OH 45242

*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: AMY KONOW**

**VP OF FINANCE**

**04/30/2019**

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

\_\_\_\_\_  
Date