

**2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 856236

**FILED**  
**Apr 17, 2015**  
**Secretary of State**  
**CC7516757943**

**Entity Name:** THE BALLINGER COMPANY

**Current Principal Place of Business:**

833 CHESTNUT STREET  
SUITE 1400  
PHILADELPHIA, PA 19107

**Current Mailing Address:**

833 CHESTNUT STREET  
SUITE 1400  
PHILADELPHIA, PA 19107

**FEI Number:** 23-1713492

**Certificate of Status Desired:** No

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

CT CORPORATION  
1200 S. 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 P  
Name GUSTAFSON, WILLIAM R.  
Address 833 CHESTNUT STREET  
City-State-Zip: PHILADELPHIA PA 19107

Title S  
Name FRENCH, JEFFREY S.  
Address 833 CHESTNUT STREET  
City-State-Zip: PHILADELPHIA PA 19107

Title V  
Name FRIEDAN, JONATHAN  
Address 833 CHESTNUT STREET  
City-State-Zip: PHILADELPHIA PA 19107

Title V  
Name STEELMAN, TERRY  
Address 833 CHESTNUT STREET  
City-State-Zip: PHILADELPHIA PA 19107

Title V  
Name SPANGLER, CRAIG  
Address 833 CHESTNUT STREET  
City-State-Zip: PHILADELPHIA PA 19107

Title VP  
Name MOCK, KEITH  
Address 833 CHESTNUT STREET  
SUITE 1400  
City-State-Zip: PHILADELPHIA PA 19107

Title VP  
Name SWANSON, ERIC  
Address 833 CHESTNUT STREET  
SUITE 1400  
City-State-Zip: PHILADELPHIA PA 19107

Title VP  
Name MEILINK, LOUIS  
Address 833 CHESTNUT STREET  
SUITE 1400  
City-State-Zip: PHILADELPHIA PA 19107

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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:** PATRICIA COSGROVE

**ASST. DIR OF OPS**

**04/17/2015**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title VP  
Name FINKELSTEIN, BARRY  
Address 833 CHESTNUT STREET  
SUITE 1400  
City-State-Zip: PHILADELPHIA PA 19107