2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F92000000223

Entity Name: MACANDREWS & FORBES INCORPORATED

Current Principal Place of Business:

35 EAST 62ND STREET NEW YORK, NY 10065

Current Mailing Address:

35 EAST 62ND STREET NEW YORK, NY 10065 US

FEI Number: 13-3603886 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

THE PRENTICE-HALL CORPORATION SYSTEM INC. 1201 HAYS STREET

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

FILED Apr 24, 2020

Secretary of State

4539746588CC

Officer/Director Detail:

Title CEO, CHAIRMAN, DIRECTOR Title EXECUTIVE VICE CHAIRMAN,

DIRECTOR

Name PERELMAN, RONALD O.

Address 35 EAST 62ND STREET

City-State-Zip: NEW YORK NY 10065

Name SCHWARTZ, BARRY F.

Address 35 EAST 62ND STREET

City-State-Zip: NEW YORK NY 10065

Title CFO, EVP

Name SAVAS, PAUL G.

Address 35 EAST 62ND STREET

Address 35 EAST 62ND STREET

Address 35 EAST 62ND STREET

City-State-Zip: NEW YORK NY 10065

City-State-Zip: NEW YORK NY 10065

Title TREASURER

Name CADUGAN, JAMES Name HOROWITZ, ALISON
Address 35 EAST 62ND STREET Address 35 EAST 62ND STREET

City-State-Zip: NEW YORK NY 10065 City-State-Zip: NEW YORK NY 10065

Title AUTHORIZED PERSON Title AUTHORIZED PERSON

NameGORDON-BROWN, MARJINameINGBER, ADAM F.Address35 EAST 62ND STREETAddress35 EAST 62ND STREETCity-State-Zip:NEW YORK NY 10065City-State-Zip:NEW YORK NY 10065

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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: ADAM F. INGBER AUTHORIZED PERSON 04/24/2020

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued:

Title SECRETARY

Name YISHAI, SHIRI BEN-

Address 35 EAST 62ND STREET
City-State-Zip: NEW YORK NY 10065