

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000106832

Entity Name: NCS MARKETING SERVICES, LLC

Current Principal Place of Business:

1929 ALLEN PARKWAY
HOUSTON, TX 77019

FILED
May 03, 2022
Secretary of State
2028981469CC

Current Mailing Address:

1929 ALLEN PARKWAY
TAX DEPT 9TH FL
HOUSTON, TX 77019 US

FEI Number: 45-3536474

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATE SERVICE COMPANY
1201 HAYS 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

Authorized Person(s) Detail :

Title VP, TREASURER
Name TRIESCH, MICHAEL G
Address 1929 ALLEN PARKWAY
City-State-Zip: HOUSTON TX 77019

Title PRESIDENT, MANAGER
Name NICHOLSON, TIM
Address 1250 S PINE ISLAND RD
5TH FLOOR
City-State-Zip: PLANTATION FL 33324

Title MANAGER, VP
Name SOBCZAK, GARY
Address 1250 PINE ISLAND RD
5TH FLOOR
City-State-Zip: PLANTATION FL 33324

Title SECRETARY
Name KEY, JANET S
Address 1929 ALLEN PARKWAY
TAX DEPT 9TH FL
City-State-Zip: HOUSTON TX 77019

Title VP
Name LACOUR, ANGELA M
Address 1333 S CLEARWATER PARKWAY
City-State-Zip: NEW ORLEANS LA 70121

Title VP
Name BATEMAN, MARIA E
Address 1333 S CLEARWATER PARKWAY
City-State-Zip: NEW ORLEANS LA 70121

Title ASST. SECRETARY
Name GIBBS, BRENDA K
Address 1333 S CLEARWATER PARKWAY
City-State-Zip: NEW ORLEANS LA 70121

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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MICHAEL G TRIESCH

TREASURER

05/03/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date