

2018 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M0100002530

Entity Name: TPS PARKING MANAGEMENT, LLC

Current Principal Place of Business:

303 W. MADISON ST.
SUITE 1500
CHICAGO, IL 60606

FILED
Apr 11, 2018
Secretary of State
CC7898931953

Current Mailing Address:

303 W. MADISON ST.
SUITE 1500
CHICAGO, IL 60606 US

FEI Number: 36-4310112

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 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 MGR
Name GOLDMAN, JAMES R
Address 303 W. MADISON ST.
SUITE 1500
City-State-Zip: CHICAGO IL 60606

Title MGR
Name ENGEL, MARK K.
Address 303 W. MADISON ST.
SUITE 1500
City-State-Zip: CHICAGO IL 60606

Title MANAGER
Name SHRIER, KEVIN J.
Address 303 W. MADISON ST.
SUITE 1500
City-State-Zip: CHICAGO IL 60606

Title MANAGER
Name DOUGLASS, STEPHEN F.
Address 303 W. MADISON ST.
SUITE 1500
City-State-Zip: CHICAGO IL 60606

Title MANAGER
Name NESBITT, MARTIN H.
Address 303 W. MADISON ST.
SUITE 1500
City-State-Zip: CHICAGO IL 60606

Title MANAGER
Name ROWE, RANDY K.
Address 303 W. MADISON ST.
SUITE 1500
City-State-Zip: CHICAGO IL 60606

Title MANAGER
Name LENTZ, DAVID B.
Address 303 W. MADISON ST.
SUITE 1500
City-State-Zip: CHICAGO IL 60606

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: JAMES R. GOLDMAN

MANAGER

04/11/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date