

2015 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M01000002530

Entity Name: TPS PARKING MANAGEMENT, LLC**Current Principal Place of Business:**840 S. WAUKEGAN ROAD, SUITE 222
LAKE FOREST, IL 60045**Current Mailing Address:**840 S. WAUKEGAN ROAD, SUITE 222
LAKE FOREST, IL 60045**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 ROWE, RANDALL K
Address 840 S. WAUKEGAN ROAD, SUITE 222
City-State-Zip: LAKE FOREST IL 60045

Title MGR
Name MODY, JANE E.
Address 840 S. WAUKEGAN ROAD, SUITE 222
City-State-Zip: LAKE FOREST IL 60045

Title MANAGER
Name BAWOLEK, KEITH A.
Address 840 S. WAUKEGAN ROAD, SUITE 222
City-State-Zip: LAKE FOREST IL 60045

Title MANAGER
Name NESBITT, MARTIN H.
Address 840 S. WAUKEGAN ROAD, SUITE 222
City-State-Zip: LAKE FOREST IL 60045

Title MGR
Name GOLDMAN, JAMES R
Address 840 S. WAUKEGAN ROAD, SUITE 222
City-State-Zip: LAKE FOREST IL 60045

Title MANAGER
Name SHRIER, KEVIN J.
Address 840 S. WAUKEGAN ROAD, SUITE 222
City-State-Zip: LAKE FOREST IL 60045

Title MANAGER
Name DOUGLASS, STEPHEN F.
Address 840 S. WAUKEGAN ROAD, SUITE 222
City-State-Zip: LAKE FOREST IL 60045

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

03/18/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date