

**2020 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M02000002289

**Entity Name:** SNC FINANCIAL GP, LLC

**Current Principal Place of Business:**

1900 L DON DODSON DRIVE  
BEDFORD, TX 76021

**Current Mailing Address:**

1900 L DON DODSON DRIVE  
BEDFORD, TX 76021 US

**FEI Number:** 27-0043882

**Certificate of Status Desired:** No

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

NRAI SERVICES, INC  
1200 SOUTH 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

**Authorized Person(s) Detail :**

Title            CEO  
Name            FREEMAN, MATTHEW A.  
Address        1900 L DON DODSON DRIVE  
City-State-Zip: BEDFORD TX 76021

Title            SECRETARY  
Name            CLEFF, DAVID M  
Address        1900 L DON DODSON DRIVE  
City-State-Zip: BEDFORD TX 76021

Title            ASST. SECRETARY  
Name            GRINNAN, RICHARD R  
Address        4521 HIGHWOODS PKWY  
City-State-Zip: GLEN ALLEN VA 23060

Title            DIRECTOR  
Name            RUSSO, ROBIN  
Address        4521 HIGHWOODS PKWY  
City-State-Zip: GLEN ALLEN VA 23060

Title            ASST. TREASURER  
Name            DUFF, APRIL L  
Address        4521 HIGHWOODS PKWY  
City-State-Zip: GLEN ALLEN VA 23060

Title            DIRECTOR  
Name            WHITT, RICHARD R III  
Address        4521 HIGHWOODS PKWY  
City-State-Zip: GLEN ALLEN VA 23060

*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:** DAVID M. CLEFF

**SECRETARY**

**05/18/2020**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date