2019 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M05000003352

Entity Name: UHIL 10 LLC

Current Principal Place of Business:

2727 N. CENTRAL AVENUE
PHOENIX, AZ 85004

Current Mailing Address:

2721 N. CENTRAL AVENUE
PHOENIX, AZ 85004 US

FEI Number: 20-2848992

FILED
Apr 16, 2019
Secretary of State
3056394425CC

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
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	MGR
Name	SHOEN, EDWARD J
Address	2727 N. CENTRAL AVENUE
City-State-Zip:	PHOENIX AZ 85004

Title	MANAGER, TREASURER
Name	BERG, JASON A
Address	2727 N. CENTRAL AVENUE
City-State-Zip:	PHOENIX AZ 85004

Title	MANAGER
Name	PIERRO, LISA M
Address	1209 ORANGE STREET
City-State-Zip:	WILMINGTON DE 19801

Title	ASST. SECRETARY
Name	AVRAHAM, RAPHAEL J
Address	2721 N CENTRAL AVENUE
City-State-Zip:	PHOENIX AZ 85004

Title	MGR
Name	TAYLOR, JOHN C
Address	2727 N. CENTRAL AVENUE
City-State-Zip:	PHOENIX AZ 85004

Title	MANAGER
Name	DUVA, VICTOR A
Address	1209 ORANGE STREET
City-State-Zip:	WILMINGTON DE 19801

Title	SECRETARY
Name	SETTLES, JENNIFER M
Address	2721 N. CENTERAL AVENUE
City-State-Zip:	PHOENIX AZ 85004

Title	ASST. SECRETARY
Name	WINKELMAN, STEPHEN R
Address	2721 N CENTRAL AVENUE
City-State-Zip:	PHOENIX AZ 85004

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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 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: JOHN C TAYLOR MANAGER 04/16/2019

Electronic Signature of Signing Authorized Person(s) Detail — Date

Authorized Person(s) Detail Continued :

Title	ASST. TREASURER
Name	BRIDGEMAN, TOBIAS C
Address	5555 KIETZKE LANE #100
City-State-Zip:	RENO NV 89511

Title	ASST. TREASURER
Name	HARTE, KEVIN J
Address	5555 KIETZKE LANE #100
City-State-Zip:	RENO NV 89511