

2021 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M07000005986

Entity Name: TRIMEDX, LLC

Current Principal Place of Business:

5451 LAKEVIEW PARKWAY S. DRIVE
INDIANAPOLIS, IN 46268

Current Mailing Address:

5451 LAKEVIEW PARKWAY S. DRIVE
INDIANAPOLIS, IN 46268 US

FEI Number: 35-2081152

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

COGENCY GLOBAL INC.
115 NORTH CALHOUN 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 SENIOR VP, GENERAL COUNSEL,
DIRECTOR, SECRETARY, MEMBER
Name FISHER, ART
Address 5451 LAKEVIEW PARKWAY S. DRIVE
City-State-Zip: INDIANAPOLIS IN 46268

Title CHIEF EXECUTIVE OFFICER/
PRESIDENT, MEMBER
Name HUMMEL, HENRY
Address 5451 LAKEVIEW PARKWAY S. DRIVE
City-State-Zip: INDIANAPOLIS IN 46268

Title CFO, DIRECTOR, MEMBER
Name DUNKERLEY, CHRIS
Address 5451 LAKEVIEW PARKWAY S. DRIVE
City-State-Zip: INDIANAPOLIS IN 46268

Title EXECUTIVE VICE PRESIDENT -
OPERATIONS, DIRECTOR
Name KHAN, JAY
Address 5451 LAKEVIEW PARKWAY S. DRIVE
City-State-Zip: INDIANAPOLIS IN 46268

Title BENEFICIAL OWNER
Name TRIMEDX SUB-HOLDINGS, INC.
Address C/O MAPLES FIDUCIARY SERVICES
(DELAWARE) INC.
4001 KENNETT PIKE SUITE 302
City-State-Zip: WILMINGTON DE 19807

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: ART FISHER

SENIOR VP, GENERAL
COUNSEL, DIRECTOR,
SECRETARY, MEMBER

04/29/2021

Electronic Signature of Signing Authorized Person(s) Detail

_____ Date