

**2018 FOREIGN LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# M1000000432

**Entity Name:** RESUN CHIPPEWA, LLC

**Current Principal Place of Business:**

1200 SWEDESFORD ROAD  
BERWYN, PA 19312

**Current Mailing Address:**

1200 SWEDESFORD ROAD  
BERWYN, PA 19312 US

**FEI Number:** 54-1956773

**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           MANAGER, VP, ASST. SECRETARY,  
                  CONTROLLER  
Name           FURLONG, JOHN  
Address        1200 SWEDESFORD ROAD  
City-State-Zip: BERWYN PA 19312

Title           MANAGER, PRESIDENT, CEO  
Name           SOULTZ, BRADLEY L.  
Address        1200 SWEDESFORD ROAD  
City-State-Zip: BERWYN PA 19312

Title           MANAGER, TREASURER, CHIEF  
                  ACCOUNTING OFFICER  
Name           SHANKS, SALLY J.  
Address        1200 SWEDESFORD ROAD  
City-State-Zip: BERWYN PA 19312

Title           MANAGER, VP, SECRETARY,  
                  GENERAL COUNSEL  
Name           BACON, BRADLEY L.  
Address        1200 SWEDESFORD ROAD  
City-State-Zip: BERWYN PA 19312

Title           MANAGER, ASST. SECRETARY  
Name           BISHOP, SAMANTHA  
Address        1200 SWEDESFORD ROAD  
City-State-Zip: BERWYN PA 19312

Title           MANAGER, CFO  
Name           BOSWELL, TIMOTHY D.  
Address        1200 SWEDESFORD ROAD  
City-State-Zip: BERWYN PA 19312

*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 FURLONG

**MANAGER, VP, ASST.  
SECRETARY,  
CONTROLLER**

**10/04/2018**

Electronic Signature of Signing Authorized Person(s) Detail

Date