

2023 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M10000000665

Entity Name: NEWPOINT REAL ESTATE CAPITAL LLC**Current Principal Place of Business:**ONE FINANCIAL PLAZA
HARTFORD, CT 06103**Current Mailing Address:**ONE FINANCIAL PLAZA
HARTFORD, CT 06103 US**FEI Number:** 94-3159818**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
Name MCBAYNE, ANA
Address ONE FINANCIAL PLAZA
City-State-Zip: HARTFORD CT 06103

Title MANAGER
Name CASEY, BRAD
Address ONE FINANCIAL PLAZA
City-State-Zip: HARTFORD CT 06103

Title MANAGER
Name ADAY, DEE ANNA
Address ONE FINANCIAL PLAZA
City-State-Zip: HARTFORD CT 06103

Title MANAGER
Name NEWKIRK, HOLLY
Address ONE FINANCIAL PLAZA
City-State-Zip: HARTFORD CT 06103

Title MANAGER
Name LLOYD, JOHN C.
Address ONE FINANCIAL PLAZA
City-State-Zip: HARTFORD CT 06103

Title MANAGER
Name KOPP, KARLA
Address ONE FINANCIAL PLAZA
City-State-Zip: HARTFORD CT 06103

Title MEMBER
Name NEWPOINT REAL ESTATE CAPITAL
HOLDINGS LLC
Address 5800 TENNYSON PARKWAY
SUITE 200
City-State-Zip: PLANO TX 75024

Title MANAGER
Name SPELLBERG, PHIL
Address ONE FINANCIAL PLAZA
City-State-Zip: HARTFORD CT 06103

Continues on page 2

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: PHIL SPELLBERG**MANAGER****04/27/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued :

Title	MANAGER
Name	STUZ, RYAN
Address	ONE FINANCIAL PLAZA
City-State-Zip:	HARTFORD CT 06103