

**2016 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M11000001546

**Entity Name:** CARDNO CHEMRISK, LLC**Current Principal Place of Business:**101 2ND STREET  
SUITE 700  
SAN FRANCISCO, CA 94105**Current Mailing Address:**10004 PARK MEADOWS DRIVE  
SUITE 300  
LONE TREE, CO 80124 US**FEI Number:** 26-4018820**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 PAUSTENBACH, DENNIS J  
Address 101 SECOND STREET, SUITE 700  
City-State-Zip: SAN FRANCISCO CA 94105

Title MANAGER  
Name SMITH, BEN  
Address 10004 PARK MEADOWS DRIVE  
SUITE 300  
City-State-Zip: LONE TREE CO 80124

Title MANAGER  
Name MADL, AMY  
Address 101 2ND STREET  
SUITE 700  
City-State-Zip: SAN FRANCISCO CA 94105

Title MANAGER  
Name FINLEY, BRENT  
Address 101 2ND STREET  
SUITE 700  
City-State-Zip: SAN FRANCISCO CA 94105

Title MANAGER  
Name ROBERTS, WILLIAM  
Address 10004 PARK MEADOWS DR.  
SUITE 300  
City-State-Zip: LONE TREE CO 80124

Title MANAGER  
Name SWATEK, MARK  
Address 10004 PARK MEADOWS DRIVE  
SUITE 300  
City-State-Zip: LONE TREE CO 80124

Title MANAGER  
Name GARAVAGLIA, MARK  
Address 101 2ND STREET  
SUITE 700  
City-State-Zip: SAN FRANCISCO CA 94105

Title MANAGER  
Name HENSHAW, JOHN  
Address 10004 PARK MEADOWS DRIVE  
SUITE 300  
City-State-Zip: LONE TREE CO 80124

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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:** WILLIAM J. ROBERTS

MANAGER

04/06/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date

**Authorized Person(s) Detail Continued :**

|                 |                                       |
|-----------------|---------------------------------------|
| Title           | MANAGER                               |
| Name            | BLANKENHORN, DAVID                    |
| Address         | 10004 PARK MEADOWS DRIVE<br>SUITE 300 |
| City-State-Zip: | LONE TREE CO 80124                    |