

**2023 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M11000002719

**Entity Name:** ANPI BUSINESS, LLC

**Current Principal Place of Business:**

ONE NORTH WACKER DR.  
SUITE 2500  
CHICAGO, IL 60606

**Current Mailing Address:**

ONE NORTH WACKER DR.  
SUITE 2500  
CHICAGO, IL 60606 US

**FEI Number:** 04-3520968

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

COGENCY GLOBAL  
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 MGRM  
Name ANZ COMMUNICATIONS, LLC  
Address ONE NORTH WACKER DR.  
SUITE 2500  
City-State-Zip: CHICAGO IL 60606

Title CEO  
Name SCORZA, BRETT  
Address ONE NORTH WACKER DR.  
SUITE 2500  
City-State-Zip: CHICAGO IL 60606

Title CFO  
Name WEST, BRIAN  
Address ONE NORTH WACKER DR.  
SUITE 2500  
City-State-Zip: CHICAGO IL 60606

Title SECRETARY AND GENERAL  
COUNSEL  
Name MONTO, RICHARD  
Address ONE NORTH WACKER DR.  
SUITE 2500  
City-State-Zip: CHICAGO IL 60606

Title CHIEF REVENUE OFFICER  
Name SCHODER, JOHN  
Address ONE NORTH WACKER DR.  
SUITE 2500  
City-State-Zip: CHICAGO IL 60606

*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:** BRETT SCORZA

CEO

04/12/2023

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date