

**2019 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M13000006242

**Entity Name:** TIAC LLC**Current Principal Place of Business:**431 W LANCASTER AVENUE  
DEVON, PA 19333**Current Mailing Address:**ATTN: LEGAL DEPARTMENT  
333 SOUTH 7TH STREET 2700  
MINNEAPOLIS, MN 55402 US**FEI Number:** 23-3004323**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	MGRM
Name	FOX & ROACH/TRIDENT LIMITED PARTNERSHIP
Address	431 W LANCASTER AVENUE
City-State-Zip:	DEVON PA 19333

Title	SECRETARY
Name	BROWNE, MICHAEL T.
Address	333 SOUTH SEVENTH STREET 2700
City-State-Zip:	MINNEAPOLIS MN 55402

Title	PRESIDENT
Name	ROSATI, CHRISTOPHER L
Address	431 WEST LANCASTER AVENUE
City-State-Zip:	DEVON PA 19333

Title	EXECUTIVE VICE PRESIDENT AND CFO
Name	SLIZOFSKI, RONALD J
Address	431 WEST LANCASTER AVENUE
City-State-Zip:	DEVON PA 19333

Title	CEO
Name	FLICK, LAWRENCE F. V
Address	431 WEST LANCASTER AVENUE
City-State-Zip:	DEVON PA 19333

*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:** MICHAEL T. BROWNE**SECRETARY****04/15/2019**\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail\_\_\_\_\_  
Date