

**2019 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M13000006997

**Entity Name:** TOMAS MAIER DISTRIBUTION LLC**Current Principal Place of Business:**595 MADISON AVENUE. 6TH FLOOR  
NEW YORK, NY 10022**Current Mailing Address:**595 MADISON AVENUE. 6TH FLOOR  
NEW YORK, NY 10022 US**FEI Number:** 46-4054033**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 MANAGER  
Name BELLETTINI, FRANCESCA  
Address 595 MADISON AVENUE. 6TH FLOOR  
City-State-Zip: NEW YORK NY 10022

Title CONTROLLER  
Name RODRIGUEZ, OSVALDO  
Address 595 MADISON AVENUE  
City-State-Zip: NEW YORK NY

Title MANAGER  
Name MAIER, TOMAS  
Address 595 MADISON AVENUE. 6TH FLOOR  
City-State-Zip: NEW YORK NY 10022

Title MANAGER  
Name PALUS, JEAN-FRANCOIS  
Address 595 MADISON AVENUE. 6TH FLOOR  
City-State-Zip: NEW YORK NY 10022

Title MANAGER  
Name PETRICK, ADAM  
Address 595 MADISON AVENUE. 6TH FLOOR  
City-State-Zip: NEW YORK NY 10022

Title MANAGER  
Name PRESTON, ANDREW  
Address 595 MADISON AVENUE. 6TH FLOOR  
City-State-Zip: NEW YORK NY 10022

Title CFO  
Name CLAQUIN, LAURENT  
Address 595 MADISON AVENUE. 6TH FLOOR  
City-State-Zip: NEW YORK NY 10022

*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:** LAURENT CLAQUIN

CFO

05/17/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date