

**2017 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M13000007864

**Entity Name:** GILBARCO MEDIA OUTCAST LLC

**Current Principal Place of Business:**

2200 PENNSYLVANIA AVE NW  
STE 800W  
WASHINGTON, DC 20037

**Current Mailing Address:**

C/O DUCHARME, MCMILLEN & ASSOC  
PO BOX 80600  
INDIANAPOLIS, IN 46280 US

**FEI Number:** 46-4070843

**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           GILBARCO, INC.  
Address       7300 WEST FRIENDLY AVENUE  
City-State-Zip: GREENSBORO NC 27410

Title           PRESIDENT  
Name           MOULE, STEPHEN GEOFFREY  
Address       7300 WEST FRIENDLY AVENUE  
City-State-Zip: GREENSBORO NC 27410

Title           VP, TREASURER  
Name           YADAVA, RAJESH  
Address       6920 SEAWAY BLVD  
City-State-Zip: EVERETT WA 98203

Title           VP  
Name           WEAVER, EMILY  
Address       6920 SEAWAY BLVD  
City-State-Zip: EVERETT WA 98203

Title           VP, SECRETARY  
Name           KIM, DANIEL B.  
Address       6920 SEAWAY BLVD  
City-State-Zip: EVERETT WA 98203

Title           ASST. SECRETARY  
Name           MODJESKI, MARK  
Address       6920 SEAWAY BLVD  
City-State-Zip: EVERETT WA 98203

*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:** MARK MODJESKI

**ASST. SECRETARY**

**04/13/2017**

Electronic Signature of Signing Authorized Person(s) Detail

Date