

2024 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M1400009098

Entity Name: REVERSE RISK, LLC

Current Principal Place of Business:

ONE REYNOLDS WAY
KETTERING, OH 45430

Current Mailing Address:

6700 HOLLISTER
HOUSTON, TX 77040 US

FEI Number: 46-2525310

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 CEO, CHAIRMAN
Name BARRAS, NORMAN T
Address 6700 HOLLISTER
City-State-Zip: HOUSTON TX 77040

Title DIRECTOR
Name JACKSON, JAMES
Address 6700 HOLLISTER ST
City-State-Zip: HOUSTON TX 77040

Title CFO, TREASURER
Name ROBINSON, SHERI A
Address 6700 HOLLISTER
City-State-Zip: HOUSTON TX 77040

Title VP
Name BALES, MARK F
Address 1 REYNOLDS WAY
City-State-Zip: KETTERING OH 45430

Title SECRETARY
Name LUGO, PAM
Address 6700 HOLLISTER ST
City-State-Zip: HOUSTON TX 77040

Title PRESIDENT
Name WALSH, CHRIS
Address ONE REYNOLDS WAY
City-State-Zip: KETTERING OH 45430

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 BALES

VP

04/15/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date