

**2022 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 VP  
Name BURNETT, ROBERT D  
Address 6700 HOLLISTER  
City-State-Zip: HOUSTON TX 77040

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

Title ASST. SECRETARY  
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, ACCOUNTING

04/18/2022

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

\_\_\_\_\_  
Date