

**2020 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M15000005471

**Entity Name:** CORIANT NORTH AMERICA, LLC**Current Principal Place of Business:**1415 WEST DIEHL ROAD  
NAPERVILLE, IL 60563**Current Mailing Address:**140 CASPIAN COURT  
SUNNYVALE, CA 94089 US**FEI Number:** 68-0422388**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**NRAI SERVICES, INC.  
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:** JENNIFER QUINN

04/20/2020

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MANAGER, CEO, PRESIDENT  
Name HEARD, DAVID W.  
Address 140 CASPIAN COURT  
City-State-Zip: SUNNYVALE CA 94089

Title CFO, TREASURER  
Name ERBA, NANCY L.  
Address 140 CASPIAN COURT  
City-State-Zip: SUNNYVALE CA 94089

Title MANAGER, SECRETARY  
Name TEICHMANN, DAVID L.  
Address 140 CASPIAN COURT  
City-State-Zip: SUNNYVALE CA 94089

Title ASSISTANT SECRETARY  
Name KOTTIS, LINDA  
Address 1415 WEST DIEHL ROAD  
City-State-Zip: NAPERVILLE IL 60563

Title ASSISTANT SECRETARY  
Name POST, MICHAEL  
Address 140 CASPIAN COURT  
City-State-Zip: SUNNYVALE CA 94089

Title ASSISTANT TREASURER  
Name LEBECK, DANA  
Address 140 CASPIAN COURT  
City-State-Zip: SUNNYVALE CA 94089

*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 POST

ASSISTANT SECRETARY 04/20/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date