

**2022 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M16000007427

**Entity Name:** BAPCC, LLC

**Current Principal Place of Business:**

100 FEDERAL STREET  
BOSTON, MA 02110

**Current Mailing Address:**

100 FEDERAL STREET  
BOSTON, MA 02110 US

**FEI Number:** 04-3423072

**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 GAUTHIER, DAVID G  
Address 100 FEDERAL STREET  
City-State-Zip: BOSTON MA 02110

Title MANAGER  
Name CULM, GEOFFREY R.  
Address 100 FEDERAL STREET  
City-State-Zip: BOSTON MA 02110

Title MANAGER  
Name GOULD, JOHN J  
Address 100 FEDERAL STREET  
City-State-Zip: BOSTON MA 02110

Title MANAGER  
Name KARAS, TODD  
Address 100 FEDERAL STREET  
City-State-Zip: BOSTON MA 02110

Title MANAGER  
Name PULLAN, STEVEN E  
Address 100 FEDERAL STREET  
City-State-Zip: BOSTON MA 02110

Title MANAGER  
Name WHITE, TIMOTHY J.  
Address 100 FEDERAL STREET  
City-State-Zip: BOSTON MA 02110

Title MANAGER  
Name BELL, JEAN M.  
Address 100 FEDERAL STREET  
City-State-Zip: BOSTON MA 02110

Title MANAGER  
Name BROWN, CHARLES D.  
Address 100 FEDERAL STREET  
City-State-Zip: BOSTON MA 02110

*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:** NATHAN A. BARTH

**VICE PRESIDENT**

**04/21/2022**

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

\_\_\_\_\_  
Date