

2018 FOREIGN LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# M16000010187

Entity Name: INNOVISTA, LLC

Current Principal Place of Business:

ONE WESTBROOK CORPORATE CENTER
SUITE 940
WESTCHESTER, IL 60154

Current Mailing Address:

ONE WESTBROOK CORPORATE CENTER
SUITE 940
WESTCHESTER, IL 60154 US

FEI Number: 30-0802612

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 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: AMANDA FARRELL, ASSISTANT VICE PRESIDENT

01/11/2018

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MANAGER
Name SMITH, MAURICE S.
Address ONE WESTBROOK CORPORATE CENTER
SUITE 940
City-State-Zip: WESTCHESTER IL 60154

Title MANAGER
Name MARCONICINI, GLEN
Address ONE WESTBROOK CORPORATE CENTER
SUITE 940
City-State-Zip: WESTCHESTER IL 60154

Title MANAGER
Name MCDONALD, CARL R.
Address ONE WESTBROOK CORPORATE CENTER
SUITE 940
City-State-Zip: WESTCHESTER IL 60154

Title MANAGER
Name HAMMAN, STEPHEN F.
Address ONE WESTBROOK CORPORATE CENTER
SUITE 940
City-State-Zip: WESTCHESTER IL 60154

Title CHIEF FINANCIAL OFFICER
Name CHOW, JAMES J.
Address ONE WESTBROOK CORPORATE CENTER
SUITE 940
City-State-Zip: WESTCHESTER IL 60154

Title MANAGER
Name ERNEST, OPELLA MD
Address ONE WESTBROOK CORPORATE CENTER
SUITE 940
City-State-Zip: WESTCHESTER IL 60154

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: JAMES J. CHOW

**CHIEF FINANCIAL
OFFICER**

01/11/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date

