

2019 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M1700000251

FILED
Apr 25, 2019
Secretary of State
7454254942CC

Entity Name: STAG INDUSTRIAL HOLDINGS, LLC

Current Principal Place of Business:

C/O STAG INDUSTRIAL
ONE FEDERAL ST, FLOOR 23
BOSTON, MA 02110

Current Mailing Address:

C/O STAG INDUSTRIAL
ONE FEDERAL ST, FLOOR 23
BOSTON, MA 02110 US

FEI Number: 45-2885387

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

REGISTERED AGENT SOLUTIONS, INC.
155 OFFICE PLAZA DR
STE A
TALLAHASSEE, FL 32301 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 PRESIDENT
Name BUTCHER, BENJAMIN S
Address ONE FEDERAL ST, FLOOR 23
City-State-Zip: BOSTON MA 02110

Title VP
Name MECKE, STEPHEN C
Address ONE FEDERAL ST, FLOOR 23
City-State-Zip: BOSTON MA 02110

Title VP
Name KING, DAVID G
Address ONE FEDERAL ST, FL 23
City-State-Zip: BOSTON MA 02110

Title VP
Name CROOKER, WILLIAM R
Address ONE FEDERAL ST, FL 23
City-State-Zip: BOSTON MA 02110

Title SECRETARY
Name SULLIVAN, JEFFREY A
Address ONE FEDERAL ST, FL 23
City-State-Zip: BOSTON MA 02110

Title ASSISTANT SECRETARY
Name SIMMONS, ALAN H
Address ONE FEDERAL ST, FL 23
City-State-Zip: BOSTON MA 02110

Title ASSISTANT SECRETARY
Name MALAMUT, SETH A.
Address ONE FEDERAL ST, FL 23
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: ALAN H. SIMMONS

AUTHORIZED PERSON

04/25/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date