

2022 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M18000009604

Entity Name: FREEMANXP, LLC**Current Principal Place of Business:**1600 VICEROY
SUITE 100
DALLAS, TX 75235**Current Mailing Address:**PO BOX 660613
SUITE 100
DALLAS, TX 75266 US**FEI Number:** 46-2483184**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:**

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title CHAIRMAN
Name FREEMAN PARSONS, CARRIE
Address 1600 VICEROY, STE 100
City-State-Zip: DALLAS TX 75235

Title CEO
Name PRIEST-HECK, ROBERT
Address 1600 VICEROY
SUITE 100
City-State-Zip: DALLAS TX 75235

Title CFO
Name GROTTLER, ALAN
Address 1600 VICEROY
SUITE 100
City-State-Zip: DALLAS TX 75235

Title CLO
Name REPP, DAWNN
Address 1600 VICEROY, STE 100
City-State-Zip: DALLAS TX 75235

Title EVP, OPERATIONS
Name O'NEIL, MIK
Address 1600 VICEROY
SUITE 100
City-State-Zip: DALLAS TX 75235

Title SVP, FINANCE & TREASURER
Name BAXLEY, WILLIAM H III
Address 1600 VICEROY
SUITE 100
City-State-Zip: DALLAS TX 75235

Title SVP, CORPORATE CONTROLLER
Name FARMER, CHERYL
Address 1600 VICEROY
SUITE 100
City-State-Zip: DALLAS TX 75235

Title VP, TAX & ASST SECRETARY
Name GOFF, DEREK
Address 1600 VICEROY
SUITE 100
City-State-Zip: DALLAS TX 75235

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: DEREK W. GOFF

VICE PRESIDENT TAX

02/28/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date