

2024 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M19000000091

Entity Name: KALMAR SOLUTIONS LLC**Current Principal Place of Business:**415 E DUNDEE ST
OTTAWA, KS 66067**Current Mailing Address:**415 E DUNDEE ST
OTTAWA, KS 66067 US**FEI Number:** 71-0891083**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 ASST. TREASURER

Name CLAY WEITZEL

Address 285 NE AVE

City-State-Zip: TALLMADGE OH 44278

Title PRESIDENT

Name RANDY WINGENROTH

Address 415 E DUNDEE ST

City-State-Zip: OTTAWA KS 66067

Title SECRETARY

Name DIEGO OLIVARES

Address 415 E DUNDEE ST

City-State-Zip: OTTAWA KS 66067

Title TREASURER

Name MARIUSZ KOMAR

Address 415 E DUNDEE ST

City-State-Zip: OTTAWA KS 66067

Title AUTHORIZED REPRESENTATIVE

Name MINDY HANSEN

Address 415 E DUNDEE ST

City-State-Zip: OTTAWA KS 66067

Title DIRECTOR

Name MIKKO PUOLAKKA

Address PORKKALANKATU 5

City-State-Zip: HELSINKI SELECT 00180

Title DIRECTOR

Name JAANA VALOVRTA

Address PORKKALANKATU 5

City-State-Zip: HELSINKI SELECT 00180

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: MINDY HANSEN

LEGAL ASSISTANT

05/01/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date