

2021 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M19000002255

Entity Name: ADP CR3, LLC

Current Principal Place of Business:

17101 PRESTON RD STE 115
DALLAS, TX 75248

Current Mailing Address:

35 CORPORATE DR STE 1155
TRUMBULL, CT 06611 US

FEI Number: 30-1174713

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 MGR
Name ACCELERATED
DECOMMISSIONING
PARTNERS,LLC
Address 17101 PRESTON RD STE 115
City-State-Zip: DALLAS TX 75248

Title VP
Name DICARLO, GREGORY G
Address 35 CORPORATE DR STE 1155
City-State-Zip: TRUMBULL CT 06611

Title VP
Name REID, BILLY E JR.
Address 2760 SOUTH FALKENBURG ROAD
City-State-Zip: RIVERVIEW FL 33578

Title ASST. TREASURER
Name MIFSUD, PAUL
Address 4747 BETHESDA AVENUE SUITE 1000
City-State-Zip: BETHESDA MD 20814

Title CEO, CNO
Name STATE, SCOTT E
Address 370 7TH AVE STE 1803
City-State-Zip: NEW YORK NY 10001

Title TREASURER
Name ADIX, JEFREY P
Address 370 7TH AVE STE 1803
City-State-Zip: NEW YORK NY 10001

Title VP
Name SHAKIR, SAM
Address 4747 BETHESDA AVENUE SUITE 1000
City-State-Zip: BETHESDA MD 20814

Title SECRETARY
Name WOODS, MICHAEL
Address 4747 BETHESDA AVENUE SUITE 1000
City-State-Zip: BETHESDA MD 20814

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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: GREGORY G DICARLO

VICE PRESIDENT

04/23/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued :

Title VP

Name HAGER, JOHN

Address 2760 SOUTH FALKENBURG ROAD

City-State-Zip: RIVERVIEW FL 33578