

2021 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M19000010629

Entity Name: PHILLIPS EDISON GROCERY CENTER OP GP II LLC

Current Principal Place of Business:

11501 NORTHLAKE DRIVE
CINCINNATI, OH 45249

Current Mailing Address:

11501 NORTHLAKE DRIVE
CINCINNATI, OH 45249 US

FEI Number: NOT APPLICABLE

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 SENIOR VICE PRESIDENT
Name SCHLOSSER, JOE
Address 11501 NORTHLAKE DRIVE
City-State-Zip: CINCINNATI OH 45249

Title CHIEF ACCOUNTING OFFICER AND SENIOR VICE PRESIDENT
Name ROBISON, JENNIFER
Address 11501 NORTHLAKE DRIVE
City-State-Zip: CINCINNATI OH 45249

Title SENIOR VICE PRESIDENT AND SECRETARY
Name BRADY, TANYA E.
Address 11501 NORTHLAKE DRIVE
City-State-Zip: CINCINNATI OH 45249

Title COO, SENIOR VICE PRESIDENT AND ASSISTANT SECRETARY
Name MYERS, ROBERT F.
Address 11501 NORTHLAKE DRIVE
City-State-Zip: CINCINNATI OH 45249

Title CHEIF FINANCIAL OFFICER, SENIOR VICE PRESIDENT AND TREASURER
Name MURPHY, DEVIN I.
Address 11501 NORTHLAKE DRIVE
City-State-Zip: CINCINNATI OH 45249

Title SENIOR VICE PRESIDENT AND ASSISTANT TREASURER
Name CAULFIELD, JOHN P.
Address 11501 NORTHLAKE DRIVE
City-State-Zip: CINCINNATI OH 45249

Title CHIEF EXECUTIVE OFFICER AND PRESIDENT
Name EDISON, JEFFREY S.
Address 11501 NORTHLAKE DRIVE
City-State-Zip: CINCINNATI OH 45249

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: ROBERT F MYERS

CHIEF OPERATING OFFICER

04/22/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date