

2022 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M20000007127

Entity Name: WORD SYSTEMS, LLC**Current Principal Place of Business:**9045 RIVER RD STE 125
INDIANAPOLIS, IN 46240**Current Mailing Address:**9045 RIVER RD STE 125
INDIANAPOLIS, IN 46240 US**FEI Number:** 84-3694919**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**COGENCY GLOBAL INC
115 NORTH CALHOUN STREET
SUITE 4
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 MGR
Name HENTSCHEL, GARY
Address 9045 RIVER RD STE 125
City-State-Zip: INDIANAPOLIS IN 46240

Title MBR
Name HENTSCHEL, GARY
Address 9045 RIVER RD STE 125
City-State-Zip: INDIANAPOLIS IN 46240

Title AP
Name HENTSCHEL, GARY
Address 9045 RIVER RD STE 125
City-State-Zip: INDIANAPOLIS IN 46240

Title MGR
Name MILLARD, ROBERT
Address 9045 RIVER RD STE 125
City-State-Zip: INDIANAPOLIS IN 46240

Title MBR
Name MILLARD, ROBERT
Address 9045 RIVER RD STE 125
City-State-Zip: INDIANAPOLIS IN 46240

Title AP
Name MILLARD, ROBERT
Address 9045 RIVER RD STE 125
City-State-Zip: INDIANAPOLIS IN 46240

Title AUTHORIZED MEMBER
Name DILLING, RICHARD
Address 9045 RIVER RD STE 125
City-State-Zip: INDIANAPOLIS IN 46240

Title AUTHORIZED MEMBER
Name HALSMER, JAMES
Address 9045 RIVER RD STE 125
City-State-Zip: INDIANAPOLIS IN 46240

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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: JAMES HALSMER

PRESIDENT

03/29/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued :

Title	MANAGER
Name	CONDON, CHRISTINE
Address	9045 RIVER RD STE 125
City-State-Zip:	INDIANAPOLIS IN 46240