

**2022 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M22000000007

**Entity Name:** CEMER MULTUM, LLC**Current Principal Place of Business:**2800 ROCK CREEK PARKWAY  
NORTH KANSAS CITY, MO 64117**Current Mailing Address:**2800 ROCK CREEK PARKWAY  
NORTH KANSAS CITY, MO 64117 US**FEI Number:** 84-1193982**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 MANAGER  
Name HIGGINS, BRIAN S  
Address 2800 ROCK CREEK PARKWAY  
City-State-Zip: NORTH KANSAS CITY MO 64117

Title EVP  
Name KEHRING, DOUGLAS  
Address 2800 ROCK CREEK PARKWAY  
City-State-Zip: NORTH KANSAS CITY MO 64117

Title VP & TAX  
Name GRELLI, VINCENT  
Address 2800 ROCK CREEK PARKWAY  
City-State-Zip: NORTH KANSAS CITY MO 64117

Title VP  
Name ALLISON, RICHARD  
Address 2800 ROCK CREEK PARKWAY  
City-State-Zip: NORTH KANSAS CITY MO 64117

Title PRESIDENT  
Name DALEY, DORIAN  
Address 2800 ROCK CREEK PARKWAY  
City-State-Zip: NORTH KANSAS CITY MO 64117

Title EVP & TREASURER  
Name HILBRICH, GREGORY  
Address 2800 ROCK CREEK PARKWAY  
City-State-Zip: NORTH KANSAS CITY MO 64117

Title VP & TAX  
Name HICKMAN-LOTT, LISA  
Address 2800 ROCK CREEK PARKWAY  
City-State-Zip: NORTH KANSAS CITY MO 64117

Title VP  
Name EDER, ELLEN  
Address 2800 ROCK CREEK PARKWAY  
City-State-Zip: NORTH KANSAS CITY MO 64117

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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: BRIAN S HIGGINS****SECRETARY****07/29/2022**

Electronic Signature of Signing Authorized Person(s) Detail

Date

**Authorized Person(s) Detail Continued :**

Title VP  
Name SARBORARIA, MATTHEW  
Address 2800 ROCK CREEK PARKWAY  
City-State-Zip: NORTH KANSAS CITY MO 64117

Title ASSISTANT TRESURER  
Name MATA, SANGITA  
Address 2800 ROCK CREEK PARKWAY  
City-State-Zip: NORTH KANSAS CITY MO 64117

Title ASSISTANT SECRETARY  
Name WOOLLEY, KIMBERLY  
Address 2800 ROCK CREEK PARKWAY  
City-State-Zip: NORTH KANSAS CITY MO 64117

Title VP  
Name WATSON, DON  
Address 2800 ROCK CREEK PARKWAY  
City-State-Zip: NORTH KANSAS CITY MO 64117

Title ASSISTANT SECRETARY  
Name PARK, JACKLYN  
Address 2800 ROCK CREEK PARKWAY  
City-State-Zip: NORTH KANSAS CITY MO 64117