

2022 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F11000002133

FILED
Apr 26, 2022
Secretary of State
3401251576CC

Entity Name: CERILLIANT CORPORATION

Current Principal Place of Business:

811 PALOMA
SUITE A
ROUND ROCK, TX 78665

Current Mailing Address:

400 SUMMIT DRIVE
BURLINGTON, MA 01803 US

FEI Number: 75-2891900

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
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

Officer/Director Detail :

Title DIR, PRESIDENT
Name WIRTH, JEAN-CHARLES
Address 400 SUMMIT DR
City-State-Zip: BURLINGTON MA 01803

Title ASST. TREASURER
Name O'CONNOR, PAUL
Address 400 SUMMIT DR
City-State-Zip: BURLINGTON MA 01803

Title VP
Name SAMPLE, MICHAEL
Address 811 PALOMA DR
SUITE A
City-State-Zip: ROUND ROCK TX 78665

Title VP
Name BHATTACHARJEE, AMANDEEP
Address 811 PALOMA DR, SUITE A
City-State-Zip: ROUND ROCK TX 78665

Title DIRECTOR, VP, TREASURER
Name ELLIOTT, MONICA
Address 400 SUMMIT DRIVE
City-State-Zip: BURLINGTON MA 01803

Title VP
Name SPARKS, LARA
Address 811 PALOMA DR, SUITE A
City-State-Zip: ROUND ROCK TX 78665

Title VP
Name VENKATARAMAN, UMA
Address 811 PALOMA DR, SUITE A
City-State-Zip: ROUND ROCK TX 78665

Title SECRETARY, VP
Name HUTCHINSON, DAVID P
Address 400 SUMMIT DRIVE
City-State-Zip: BURLINGTON MA 01803

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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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: PAUL O'CONNOR

ASSISTANT TREASURER 04/26/2022

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title VP
Name SLAGLE, DEBORAH
Address 3050 SPRUCE ST
City-State-Zip: ST LOUIS MO 63103