

**2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F17000005391

**Entity Name:** XLT MANAGEMENT SERVICES, INC.**Current Principal Place of Business:**15333 NORTH PIMA ROAD  
SUITE 305  
SCOTTSDALE, AZ 85260**Current Mailing Address:**6318 KINGSBRIDGE DRIVE  
CARY, IL 60013 US**FEI Number:** 82-2117667**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**Officer/Director Detail :**

Title	DIRECTOR, SECRETARY
Name	CARZOLI, ROBERT E
Address	2050 FINLEY ROAD, SUITE 80
City-State-Zip:	LOMBARD IL 60148

Title	PRESIDENT
Name	SPURLOCK, STEVEN
Address	2050 FINLEY ROAD, SUITE 80
City-State-Zip:	LOMBARD IL 60148

Title	VP
Name	ZELASKO, JOSEPH
Address	2050 FINLEY ROAD, SUITE 80
City-State-Zip:	LOMBARD IL 60148

Title	TREASURER
Name	ZELLER, THOMAS
Address	2050 FINLEY ROAD, SUITE 80
City-State-Zip:	LOMBARD IL 60148

Title	ASST. SECRETARY
Name	LOVERDE, VITO P
Address	6318 KINGSBRIDGE DRIVE
City-State-Zip:	CARY IL 60013

*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:** VITO P. LOVERDE**ASSISTANT SECRETARY** 04/13/2018\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date