

2020 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 CEO, DIRECTOR
Name CARZOLI, ROBERT E
Address 15333 NORTH PIMA ROAD
SUITE 305
City-State-Zip: SCOTTSDALE AZ 85260

Title VP
Name SPURLOCK, STEVEN
Address 15333 NORTH PIMA ROAD
SUITE 305
City-State-Zip: SCOTTSDALE AZ 85260

Title VP
Name KOWATCH, JESSICA
Address 15333 NORTH PIMA ROAD
SUITE 305
City-State-Zip: SCOTTSDALE AZ 85260

Title CFO
Name ZELLER, THOMAS
Address 15333 NORTH PIMA ROAD
SUITE 305
City-State-Zip: SCOTTSDALE AZ 85260

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

Title PRESIDENT
Name WEST, SCOTT
Address 15333 NORTH PIMA ROAD
SUITE 305
City-State-Zip: SCOTTSDALE AZ 85260

Title VP
Name SCHELLER, AMY
Address 15333 NORTH PIMA ROAD
SUITE 305
City-State-Zip: SCOTTSDALE AZ 85260

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** 04/20/2020

Electronic Signature of Signing Officer/Director Detail

Date