

2019 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	15333 NORTH PIMA ROAD SUITE 305
City-State-Zip:	SCOTTSDALE AZ 85260

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

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

Title	TREASURER
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

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** 04/12/2019_____
Electronic Signature of Signing Officer/Director Detail_____
Date