

**2022 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F17000005391

**Entity Name:** XLT MANAGEMENT SERVICES, INC.**Current Principal Place of Business:**6909 E. GREENWAY PARKWAY  
SCOTTSDALE, AZ 85254**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, CHAIRMAN
Name	CARZOLI, ROBERT E
Address	6909 E. GREENWAY PARKWAY
City-State-Zip:	SCOTTSDALE AZ 85254

Title	VP
Name	KOWATCH, JESSICA
Address	6909 E. GREENWAY PARKWAY
City-State-Zip:	SCOTTSDALE AZ 85254

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

Title	PRESIDENT, DIRECTOR, CFO
Name	WEST, SCOTT
Address	6909 E. GREENWAY PARKWAY
City-State-Zip:	SCOTTSDALE AZ 85254

Title	VP
Name	SCHELLER, AMY
Address	6909 E. GREENWAY PARKWAY
City-State-Zip:	SCOTTSDALE AZ 85254

Title	ASST. SECRETARY
Name	CAMPOLO, MICHAEL J.
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**SECRETARY****04/29/2022**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date