#### 2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F18000000555

Entity Name: ENVESTNET ASSET MANAGEMENT, INC.

**FILED** Apr 05, 2024 **Secretary of State** 6411393801CC

### **Current Principal Place of Business:**

1 NORTH WACKER DR.

**SUITE 1925** 

CHICAGO, IL 60606

# **Current Mailing Address:**

1 NORTH WACKER DR.

**SUITE 1925** 

CHICAGO, IL 60606 US

FEI Number: 36-4319587 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

Electronic Signature of 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:

Address

Date

Officer/Director Detail:

Title CHIEF COMPLIANCE OFFICER Title CHIEF HUMAN RESOURCES OFFICER

DEVOE. DEBRA Name Name ROSENTHAL, SHARON

1 NORTH WACKER DR. Address 1 NORTH WACKER DR.

**SUITE 1925 SUITE 1925** 

CHICAGO IL 60606 City-State-Zip: City-State-Zip: CHICAGO IL 60606

Title **CO-CHIEF INVESTMENT OFFICER** Title **DIRECTOR** 

THOMAS, BRANDON CRAGER, BILL Name Name

1 NORTH WACKER DR. 1 NORTH WACKER DR. Address Address

**SUITE 1925 SUITE 1925** 

CHICAGO IL 60606 City-State-Zip: CHICAGO IL 60606 City-State-Zip:

CO-CHIEF INVESTMENT Title CHIEF TECHNOLOGY OFFICER Title

OFFICER/GROUP PRESIDENT COPPOLA, ROBERT Name **ENVESTNET SOLUTIONS** 

1 NORTH WACKER DR. Address Name D'AURIA. DANA

**SUITE 1925** Address 1 NORTH WACKER DR.

City-State-Zip: CHICAGO IL 60606 **SUITE 1925** 

City-State-Zip: CHICAGO IL 60606 Title

EXECUTIVE VICE PRESIDENT, **BUSINESS LINES** 

**DEPUTY GENERAL COUNSEL** Title SIPP, THOMAS Name

MARR, PATRICK Name 1 NORTH WACKER DR. Address

**SUITE 1925** Address 1 NORTH WACKER DR.

**SUITE 1925** CHICAGO IL 60606

City-State-Zip: City-State-Zip: CHICAGO IL 60606

### Continues on page 2

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.

04/05/2024 SIGNATURE: LORI LUNDRIGAN **HEAD OF TAX** 

### Officer/Director Detail Continued:

Title PRESIDENT

Name CRAGER, BILL

Address 1 NORTH WACKER DR.

**SUITE 1925** 

City-State-Zip: CHICAGO IL 60606

Title HEAD OF TAX

Name LUNDRIGAN, LORI

Address 1 NORTH WACKER DR.

**SUITE 1925** 

City-State-Zip: CHICAGO IL 60606

Title CHIEF LEGAL OFFICER

Name O'BRIEN, SHELLY

Address 1 NORTH WACKER DR.

**SUITE 1925** 

City-State-Zip: CHICAGO IL 60606

Title SECRETARY

Name O'BRIEN, SHELLY

Address 1 NORTH WACKER DR.

**SUITE 1925** 

City-State-Zip: CHICAGO IL 60606

Title HEAD OF ACCOUNTING MANAGEMENT

Name COOPER, BARRY

Address 1 NORTH WACKER DR.

**SUITE 1925** 

City-State-Zip: CHICAGO IL 60606

Title CFO

Name WARREN, JOSH

Address 1 NORTH WACKER DR.

**SUITE 1925** 

City-State-Zip: CHICAGO IL 60606

Title CEO

Name CRAGER, BILL

Address 1 NORTH WACKER DR.

**SUITE 1925** 

City-State-Zip: CHICAGO IL 60606

Title VP

Name LUNDRIGAN, LORI

Address 1 NORTH WACKER DR.

**SUITE 1925** 

City-State-Zip: CHICAGO IL 60606

Title GENERAL COUNSEL
Name O'BRIEN, SHELLY

Address 1 NORTH WACKER DR.

**SUITE 1925** 

City-State-Zip: CHICAGO IL 60606

Title VP

Name COOPER, BARRY

Address 1 NORTH WACKER DR.

**SUITE 1925** 

City-State-Zip: CHICAGO IL 60606

Title ASSISTANT SECRETARY

Name MARR, PATRICK

Address 1 NORTH WACKER DR.

**SUITE 1925** 

City-State-Zip: CHICAGO IL 60606