

2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F18000001419

Entity Name: CYXTERA TECHNOLOGIES, INC.

Current Principal Place of Business:

2333 PONCE DE LEON BLVD, STE. 900
CORAL GABLES, FL 33134

Current Mailing Address:

2333 PONCE DE LEON BLVD, STE. 900
CORAL GABLES, FL 33134 US

FEI Number: 82-0821569

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATE CREATIONS NETWORK, INC.
801 US HIGHWAY 1
NORTH PALM BEACH, FL 33408 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	Title	PRESIDENT, CEO, DIRECTOR
Name	MEDINA, MANUEL D	Name	FONSECA, NELSON
Address	2333 PONCE DE LEON BLVD, STE. 900	Address	2333 PONCE DE LEON BLVD, STE. 900
City-State-Zip:	CORAL GABLES FL 33134	City-State-Zip:	CORAL GABLES FL 33134
Title	EXECUTIVE VICE PRESIDENT, CHIEF LEGAL OFFICER, CHIEF COMPLIANCE OFFICER, SECRETARY	Title	DIRECTOR
Name	SEMAH, VICTOR F	Name	AHMED, FAHIM
Address	2333 PONCE DE LEON BLVD, STE. 900	Address	2333 PONCE DE LEON BLVD, STE. 900
City-State-Zip:	CORAL GABLES FL 33134	City-State-Zip:	CORAL GABLES FL 33134
Title	DIRECTOR	Title	DIRECTOR
Name	DIERCKSEN , JOHN W.	Name	FELMAN, MICHELLE
Address	2333 PONCE DE LEON BLVD, STE. 900	Address	2333 PONCE DE LEON BLVD, STE. 900
City-State-Zip:	CORAL GABLES FL 33134	City-State-Zip:	CORAL GABLES FL 33134
Title	EXECUTIVE VICE PRESIDENT AND CHIEF FINANCIAL OFFICER	Title	DIRECTOR
Name	SAGASTA, CARLOS I.	Name	HATHAWAY, MELISSA
Address	2333 PONCE DE LEON BLVD, STE. 900	Address	2333 PONCE DE LEON BLVD, STE. 900
City-State-Zip:	CORAL GABLES FL 33134	City-State-Zip:	CORAL GABLES FL 33134

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.

SIGNATURE: VICTOR F SEMAH

**SECRETARY, BY JON-
MICHAEL SANCHEZ,
ATTORNEY-IN-FACT**

04/30/2024

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name SMITH, JEFFREY C.
Address 2333 PONCE DE LEON BLVD, STE. 900
City-State-Zip: CORAL GABLES FL 33134

Title DIRECTOR
Name WATERS, GREGORY
Address 2333 PONCE DE LEON BLVD, STE. 900
City-State-Zip: CORAL GABLES FL 33134

Title DIRECTOR
Name SVIDER, RAYMOND
Address 2333 PONCE DE LEON BLVD, STE.
900
City-State-Zip: CORAL GABLES FL 33134