

**2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F19000000257

**Entity Name:** ZS ASSOCIATES FLORIDA, INC.**Current Principal Place of Business:**1560 SHERMAN AVE, SUITE 800  
EVANSTON, IL 60201**Current Mailing Address:**1560 SHERMAN AVE, SUITE 800  
EVANSTON, IL 60201 US**FEI Number:** 36-3249852**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 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 CVP  
Name BAJAJ, JAIDEEP S  
Address 210 CARNEGIE CENTER, SUITE 400  
City-State-Zip: PRINCETON NJ 08540

Title DPS  
Name WRIGHT, CHRISTOPHER S  
Address 1560 SHERMAN AVE, SUITE 800  
City-State-Zip: EVANSTON IL 60201

Title DATVP  
Name ZOLTNER, ANDRIS A  
Address 1560 SHERMAN AVE, SUITE 800  
City-State-Zip: EVANSTON IL 60201

Title VPD  
Name SINHA, PRABHAKANT  
Address 1560 SHERMAN AVE, SUITE 800  
City-State-Zip: EVANSTON IL 60201

Title TCFOVP  
Name WEBSTER, GRAHAM  
Address 60 LUDGATE HILL  
City-State-Zip: LONDON, EC4M 7AW

Title D  
Name SAHAY, DHARMENDRA N  
Address 350 FIFTH AVE, SUITE 5100  
City-State-Zip: NEW YORK NY 10118

Title D  
Name KHEDKAR, PRATAP  
Address ONE LIBERTY PLACE  
1650 MARKET ST SUITE 3500  
City-State-Zip: PHILADELPHIA PA 19103

Title D  
Name VEDARAJAN, GANESH  
Address 400 S EL CAMINO REAL  
SUITE 1500  
City-State-Zip: SAN MATEO CA 94402

**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:** SARAH SCHWARTZ**DIRECTOR OF LEGAL****04/16/2020**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title D  
Name FORERO, SANDRA  
Address 210 CARNEGIE CENTER  
SUITE 400  
City-State-Zip: PRINCETON NJ 08540

Title CHROVP  
Name GRIESE, JEFFREY M  
Address 1560 SHERMAN AVE, SUITE 800  
City-State-Zip: EVANSTON IL 60201

Title CIOVP  
Name HOLOHAN, DAN  
Address 1560 SHERMAN AVE, SUITE 800  
City-State-Zip: EVANSTON IL 60201

Title DIRECTOR  
Name COYLE, WILLIAM  
Address LÖWENSTRASSE 32  
City-State-Zip: ZURICH SWITZERLAND 8001

Title D  
Name FERNANDO, ROHAN  
Address ONE LIBERTY PLACE  
1650 MARKET ST SUITE 3500  
City-State-Zip: PHILADELPHIA PA 19103

Title CTO  
Name TRIGUNAIT, ABHISHEK  
Address WORLD TRADE CENTER  
TOWER 3  
City-State-Zip: KHARADI, PUNE 411014

Title D  
Name MITCHELL, AARON  
Address 400 SOUTH EL CAMINO REAL, SUITE  
1500  
City-State-Zip: SAN MATEO CA 94402

Title DIRECTOR OF LEGAL  
Name SCHWARTZ, SARAH  
Address 1560 SHERMAN AVE, SUITE 800  
City-State-Zip: EVANSTON IL 60201