

2023 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 TCFOVP
Name WEBSTER, GRAHAM
Address 60 LUDGATE HILL
City-State-Zip: LONDON, EC4M 7AW

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

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

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

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

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

Title CHROVP
Name SURYANARAYANAN, THIAGI
Address 1560 SHERMAN AVE, SUITE 800
City-State-Zip: EVANSTON IL 60201

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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**SECRETARY****03/10/2023**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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 DIRECTOR
Name KULICH, JUDITH
Address 400 SOUTH EL CAMINO REAL, SUITE 1500
City-State-Zip: SAN MATEO CA 94402

Title DIRECTOR
Name SHASTRI, ARUN
Address 1560 SHERMAN AVE, SUITE 800
City-State-Zip: EVANSTON IL 60201

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

Title SECRETARY, GENERAL COUNSEL
Name SCHWARTZ, SARAH
Address 1560 SHERMAN AVE, SUITE 800
City-State-Zip: EVANSTON IL 60201

Title DIRECTOR
Name JOSHI, SANJAY
Address 1560 SHERMAN AVE, SUITE 800
City-State-Zip: EVANSTON IL 60201