2024-05-31 14:04:02 CST

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Division of Corporations



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	Division of Corporations
	Fax Number : (850)617-6383
From:	
	Account Name : C T CORPORATION SYSTEM
	Account Number : FCA00000023
	Phone : (614)280-3338
s S	Fax Number : (614)573-3996
. <u>7</u>	
ਯਾ	the email address for this business entity to be used for futur
	nnual report mailings. Enter only one email address please.**
	mail Address: benjamin.abbotmolina@cdk.com

FOREIGN PROFIT/NONPROFIT CORPORATION Central TopCo Inc

Certificate of Status 0
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JUN 0 3 2024

K. Brumbley

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

Central TopCo Inc

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp." "Inc." "Co.," or "Corp.")

(If name unavail	able in Florida, enter alternate corporate name a	dopted for t	he purpose of transacting business in Florida)
Delaware	3.		
(State or countr	y under the law of which it is incorporated)		(FEI number, if applicable)
04/05/2022	5.		
(Date	of incorporation) 5.	(Da	ate of duration, if other than perpetual)
•			
	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.150	Florida, if p 02, F.S., to c	rior to registration) letermine penalty liability)
1950 Hassell Roa	deHoffman Estates, Minois 60169, United State	3	
<u>-</u>	(Principal offic	e <u>street</u> add	lress)
	(Current mailing	address, if	different)
. Name and <u>stree</u>	et address of Florida registered agent: (P.O.	. Box <u>NOT</u>	_acceptable)
Name:	C T Corporation System		
Office Address:	1200 South Pine Island Road		
	Plantation	FL	33324
	(City)	. <u> </u>	(Zip code)

9. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

C T Corporation System (Registered agent's signature)

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

^{11.} For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors (up to six (6) total):

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2024-05-31 14:04:02 CST

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From: David Thomas

A. DIRECTORS			
Chairman	Name: Rachel Arnett	□ Chairman	Name:
⊡Vice Chairman	Address:	□Vice Chairman	Address:
Director	2895 Greenspoint Parkway, 5th floor	Director	2895 Greenspoint Parkway, 5th floor
□President	Hoffman Estates, IL 60169	Dresident	Hoffman Estates, IL 60169
Wice President		□Vice President	
• XI Secretary	DTreasurer	DScoretary	Treasurer
⊡Other	Other	Other Assistant	Secretary _Other
Chairman	Name: Ron Bloom	Chairman	Name:Neit Fairfield
Vice Chairman	Address:	□Vice Chairman	Address:
Director	2895 Greenspoint Parkway, 5th floor	Director	2895 Greenspoint Parkway, 5th floor
□President	Holfman Estates, IL 60169	□President	Hoffman Estates, IL 60169
□Vice President		□Vice President	
Secretary	Treasurer	Secretary	Treasurer
⊠Other_Managi	ng Partner	Other]Other
DChairman	Name: Neil Fairfield	□Chairman	Name:Dave Gregory
⊡Vice Chairman	Address:	□Vice Chairman	Address:
Director	2895 Greenspoint Parkway, 5th floor	Director	2895 Greenspoint Parkway, 5th floor
President	Hollman Estates, IL 60169	UPresident	Hoffman Estates, IL 60169
🕅 Vice President		□Vice President	
DScoretary	XITreasure	□Sceretary	DTreasurer
xiOther Controlle	er Other	DOther_Managin	g PartnerOther

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

12. Com his

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in \$817,155, F.S.

13. Cameron Williams

Haase, Kristen	Officer	Managing Director	2895 Greenspoint Parkway, 5th floor, Hoffman Estates, IL 60169
Kinzer, James Brooks	Director	Director	2895 Greenspoint Parkway, 5th floor, Hoffman Estates, IL 60169
Kinzer, James Brooks	Officer	Assistant Secretary	2895 Greenspoint Parkway, 5th floor, Hoffman Estates, IL 50169
Layfield, Michael	Director	Director	2895 Greenspoint Parkway, 5th floor, Hoffman Estates, IL 60169
Layfield, Michael	Officer	Senior Vice President	2895 Greenspoint Parkway, 5th floor, Hoffman Estates, IL 60169
McLaughlan, Sean	Director	Director	2895 Greenspoint Parkway, 5th floor, Hoffman Estates, iL 60169
McLaughlan, Sean	Officer	Managing Director	2895 Greenspoint Parkway, 5th floor, Hoffman Estates, IL 60169
Shi, Sylvia	Officer	Assistant Secretary	2895 Greenspoint Parkway, 5th floor, Hoffman Estates, IL 60169
Williams, Cameron	Director	Director	2895 Greenspoint Parkway, 5th floor, Hoffman Estates, IL 60169
Williams, Cameron	Officer	EVP, General Counsel and Secretary	2895 Greenspoint Parkway, 5th floor, Hoffman Estates, IL 60169
Williams, Cameron	Officer	President and Secretary	2895 Greenspoint Parkway, 5th floor, Hoffman Estates, IL 60169

Delaware

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CENTRAL TOPCO INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-SECOND DAY OF MAY, A.D. 2024.

The First State

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.



et, Secretary of State

Authentication: 203530756 Date: 05-22-24

6718592 8300 SR# 20242341108

You may verify this certificate online at corp.delaware.gov/authver.shtml