

2022 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M00000001780

Entity Name: NVENT THERMAL LLC

Current Principal Place of Business:

899 BROADWAY STREET
REDWOOD CITY, CA 94063

FILED
Apr 29, 2022
Secretary of State
8521095576CC

Current Mailing Address:

1665 UTICA AVENUE, SUITE 700
SAINT LOUIS PARK, MN 55416 US

FEI Number: 65-1007284

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS ST.
TALLAHASSEE, FL 32301 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

Authorized Person(s) Detail :

Title MANAGER, VP, FINANCE
Name KRUTZIG, TYLER
Address 1665 UTICA AVENUE, SUITE 700
City-State-Zip: SAINT LOUIS PARK MN 55416

Title MANAGER
Name LAMMERS, JON
Address 1665 UTICA AVENUE, SUITE 700
City-State-Zip: SAINT LOUIS PARK MN 55416

Title MANAGER, PRESIDENT, TREASURER
Name WACKER, RANDOLPH
Address 1665 UTICA AVENUE, SUITE 700
City-State-Zip: SAINT LOUIS PARK MN 55416

Title SECRETARY
Name FULLERTON, SHAWNA
Address 1665 UTICA AVENUE, SUITE 700
City-State-Zip: SAINT LOUIS PARK MN 55416

Title ASSISTANT SECRETARY
Name MCGOWAN, JENNA
Address 1665 UTICA AVENUE, SUITE 700
City-State-Zip: SAINT LOUIS PARK MN 55416

Title VICE PRESIDENT - ENGINEERING &
 QUALIFICATION
Name SALDARRIAGA, GUSTAVO
Address 1665 UTICA AVENUE, SUITE 700
City-State-Zip: SAINT LOUIS PARK MN 55416

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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: SHAWNA FULLERTON

SECRETARY

04/29/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date