2022 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M03000000174

Entity Name: UNIMAS MIAMI LLC

Current Principal Place of Business:

5999 CENTER DRIVE

LOS ANGELES, CA 90045-8901

Current Mailing Address:

5999 CENTER DRIVE

LOS ANGELES. CA 90045-8901 US

FEI Number: 65-0510876 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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

FILED May 26, 2022

Secretary of State

1431078045CC

Authorized Person(s) Detail:

 Title
 CHIEF ACCOUNTING OFFICER
 Title
 SR. VICE PRESIDENT

 Name
 ENTWISTLE, BOB
 Name
 ENTWISTLE, BOB

 Address
 5999 CENTER DRIVE
 Address
 5999 CENTER DRIVE

City-State-Zip: LOS ANGELES CA 90045-8901 City-State-Zip: LOS ANGELES CA 90045-8901

Title CEO Title SECRETARY

Name SADUSKY, VINCENT Name SCHWARTZ, JONATHAN
Address 5999 CENTER DRIVE Address 5999 CENTER DRIVE

City-State-Zip: LOS ANGELES CA 90045-8901 City-State-Zip: LOS ANGELES CA 90045-8901

Title CFO Title CHIEF HUMAN RESOURCES OFFICER

Name LORI, PETER H. Name LAZO, MARGARET

Address 5999 CENTER DRIVE Address 5999 CENTER DRIVE

City-State-Zip: LOS ANGELES CA 90045-8901 City-State-Zip: LOS ANGELES CA 90045-8901

Title EXEC. VICE PRESIDENT Title DIRECTOR

Name LAZO, MARGARET Name SCHWARTZ, JONATHAN
Address 5999 CENTER DRIVE Address 5999 CENTER DRIVE

City-State-Zip: LOS ANGELES CA 90045-8901 City-State-Zip: LOS ANGELES CA 90045-8901

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 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: JOHN PAUL ACEVES

ASSISTANT SECRETARY

05/26/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued:

TitleDIRECTORTitleASST. SECRETARYNameLORI, PETER H.NameACEVES, JOHN PAULAddress5999 CENTER DRIVEAddress5999 CENTER DRIVE

City-State-Zip: LOS ANGELES CA 90045-8901 City-State-Zip: LOS ANGELES CA 90045-8901

 Title
 EXEC. VICE PRESIDENT
 Title
 EXEC. VICE PRESIDENT

 Name
 LORI, PETER H.
 Name
 SCHWARTZ, JONATHAN

Address 5999 CENTER DRIVE Address 5999 CENTER DRIVE

City-State-Zip: LOS ANGELES CA 90045-8901 City-State-Zip: LOS ANGELES CA 90045-8901

Title CHIEF LEGAL AND CORPORATE AFFAIRS Title CHIEF TAX OFFICER

OFFICER Name IZVERSKY, VLAD

Name SCHWARTZ, JONATHAN Address 5999 CENTER DRIVE

Address 5999 CENTER DRIVE City-State-Zip: LOS ANGELES CA 90045-8901
City-State-Zip: LOS ANGELES CA 90045-8901

Title SR. VICE PRESIDENT Title ASST. SECRETARY

Name EVANS, DANIEL

Name IZVERSKY, VLAD Address 5999 CENTER DRIVE

Address 5999 CENTER DRIVE City-State-Zip: LOS ANGELES CA 90045-8901

City-State-Zip: LOS ANGELES CA 90045-8901