## 2018 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M05000005742

Entity Name: COVERIS KEY HOLDINGS LLC

**FILED** Jul 03, 2018 **Secretary of State** CC8483179323

**Current Principal Place of Business:** 

8600 W. BRYN MAWR AVENUE, SUITE 800N

CHICAGO, IL 60631

**Current Mailing Address:** 

8600 W. BRYN MAWR AVENUE, SUITE 800N CHICAGO, IL 60631 US

FEI Number: 20-3578508 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:

Name

Date Electronic Signature of Registered Agent

Authorized Person(s) Detail:

Title **TREASURER** Title ASST. SECRETARY (TAX)

LECAVALIER, DONALD MALESKI, ERIKA Name Name

50 INTERNATIONAL DRIVE Address 8600 W. BRYN MAWR AVENUE SUITE Address

800N SUITE 100

City-State-Zip: CHICAGO IL 60631 City-State-Zip: GREENVILLE SC 29615

Title MANAGER, CFO Title ASSISTANT GENERAL COUNSEL AND

> ASSISTANT SECRETARY GENTILETTI, NELSON

Name LAMARRE, ISABELLE 8600 W. BRYN MAWR AVENUE, SUITE Address

8600 W. BRYN MAWR AVENUE, SUITE Address 800N 800N

CHICAGO IL 60631

City-State-Zip: City-State-Zip: CHICAGO IL 60631

Title **PRESIDENT** Name REID, BRIAN

8600 W. BRYN MAWR AVENUE, SUITE Address

800N

City-State-Zip: CHICAGO IL 60631

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.

07/03/2018 SIGNATURE: ERIKA MALESKI ASST. SECRETARY (TAX)