

2017 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M05000005742

Entity Name: COVERIS KEY HOLDINGS LLC**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:**_____
Electronic Signature of Registered Agent_____
Date**Authorized Person(s) Detail :**

Title	TREASURER
Name	OWENS, DUANE
Address	50 INTERNATIONAL DRIVE SUITE 100
City-State-Zip:	GREENVILLE SC 29615

Title	VP TAX & ASST. SECRETARY
Name	COSTIGAN, THOMAS
Address	50 INTERNATIONAL DRIVE SUITE 100
City-State-Zip:	GREENVILLE SC 29615

Title	MANAGER, VP, CFO
Name	ALGER, MICHAEL E
Address	8600 W. BRYN MAWR AVENUE, SUITE 800N
City-State-Zip:	CHICAGO IL 60631

Title	MANAGER, VP, GENERAL COUNSEL AND SECRETARY
Name	MCJOHN, KATHLEEN
Address	8600 W. BRYN MAWR AVENUE, SUITE 800N
City-State-Zip:	CHICAGO IL 60631

Title	MANAGER, CEO, PRESIDENT
Name	MEZZANOTTE, DAVID
Address	8600 W. BRYN MAWR AVENUE, SUITE 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.

SIGNATURE: KATHLEEN MCJOHN**SECRETARY****04/21/2017**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date