

2021 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M06000001934

Entity Name: TRUSTSOLUTIONS, LLC

Current Principal Place of Business:

6775 WEST WASHINGTON STREET
MILWAUKEE, WI 53214

Current Mailing Address:

220 VIRGINIA AVENUE
INDIANAPOLIS, IN 46204 US

FEI Number: 43-1967924

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	SECRETARY	Title	TREASURER, MANAGER
Name	KIEFER, KATHLEEN S	Name	SCHER, VINCENT E
Address	220 VIRGINIA AVENUE	Address	220 VIRGINIA AVENUE
City-State-Zip:	INDIANAPOLIS IN 46204	City-State-Zip:	INDIANAPOLIS IN 46204
Title	MANAGER	Title	ASST. TREASURER
Name	STEINMEYER, HEATHER C	Name	NOBLE, ERIC K
Address	233 S. WACKER DRIVE SUITE 3700	Address	220 VIRGINIA AVENUE
City-State-Zip:	CHICAGO IL 60606	City-State-Zip:	INDIANAPOLIS IN 46204
Title	ASST. SECRETARY	Title	CHAIRPERSON, MANAGER
Name	MAGEE, JAMELLE	Name	CONN, ANDREW
Address	6775 WEST WASHINGTON STREET	Address	75 SGT WILLIAM B TERRY DR
City-State-Zip:	MILWAUKEE WI 53214	City-State-Zip:	HINGHAM MA 02043

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 S. KIEFER

SECRETARY

04/05/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date