

2022 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M06000001934

Entity Name: TRUSTSOLUTIONS, LLC

Current Principal Place of Business:

220 VIRGINIA AVENUE
INDIANAPOLIS, IN 46204

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
Name KIEFER, KATHLEEN SUSAN
Address 220 VIRGINIA AVENUE
City-State-Zip: INDIANAPOLIS IN 46204

Title TREASURER, MANAGER
Name SCHER, VINCENT EDWARD
Address 220 VIRGINIA AVENUE
City-State-Zip: INDIANAPOLIS IN 46204

Title MANAGER
Name STEINMEYER, HEATHER CHOCKLEY
Address 220 VIRGINIA AVENUE
City-State-Zip: INDIANAPOLIS IN 46204

Title ASST. TREASURER
Name NOBLE, ERIC KENNETH
Address 220 VIRGINIA AVENUE
City-State-Zip: INDIANAPOLIS IN 46204

Title ASST. SECRETARY
Name MAGEE, JAMELLE
Address 220 VIRGINIA AVENUE
City-State-Zip: INDIANAPOLIS IN 46204

Title CHAIRPERSON, MANAGER
Name CONN, ANDREW
Address 220 VIRGINIA AVENUE
City-State-Zip: INDIANAPOLIS IN 46204

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 SUSAN KIEFER

SECRETARY

04/26/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date