2018 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M10000004280

Entity Name: MERCER SYSTEM SERVICES LLC

Current Principal Place of Business:

1166 AVENUE OF THE AMERICAS
NEW YORK, NY 10036

Current Mailing Address:

121 RIVER ST
3RD FL, TAX DEPT
HOBOKEN, NJ 07030 US

FEI Number: 27-3571605

FILED
Apr 19, 2018
Secretary of State
CC5234645301

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	ASSISTANT VICE PRESIDENT, MANAGER, AUTHORIZED REPRESENTATIVE
Name	MULRAINE-HAZELL, SHERYL P
Address	121 RIVER ST. 8TH FL. TAX DEPT.
City-State-Zip:	HOBOOKEN NJ 07030

Title	ASSISTANT SECRETARY, MANAGER, AUTHORIZED REPRESENTATIVE
Name	O'BRIEN, MARGARET M
Address	1166 AVENUE OF THE AMERICAS
City-State-Zip:	NEW YORK NY 10036

Title	TREASURER, MANAGER, AUTHORIZED REPRESENTATIVE
Name	JAHNEL, FERDINAND
Address	1166 AVENUE OF THE AMERICAS
City-State-Zip:	NEW YORK NY 10036

Title	ASSISTANT VICE PRESIDENT, MANAGER, AUTHORIZED REPRESENTATIVE
Name	CAMMAROTO, FRANK A
Address	121 RIVER ST 8TH FL TAX DEPT
City-State-Zip:	HOBOKEN NJ 07030

Title	SECRETARY, MANAGER, AUTHORIZED REPRESENTATIVE
Name	MILLER, MARIAN C
Address	1166 AVENUE OF THE AMERICAS
City-State-Zip:	NEW YORK NY 10036

Title	ASSISTANT SECRETARY, MANAGER, AUTHORIZED REPRESENTATIVE
Name	MENARD, VICKI
Address	544 LAKEVIEW PARKWAY
City-State-Zip:	VERNON HILLS IL 60061

Title	ASSISTANT TREASURER, MANAGER, AUTHORIZED REPRESENTATIVE
Name	FARRELL, KAREN A
Address	1166 AVENUE OF THE AMERICAS
City-State-Zip:	NEW YORK NY 10036

Title	ASSISTANT VICE PRESIDENT, MANAGER, AUTHORIZED REPRESENTATIVE
Name	O'KEEFFE, THOMAS M
Address	121 RIVER ST 8TH FL TAX DEPT
City-State-Zip:	HOBOKEN NJ 07030

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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: SHERYL P MULRAINE-HAZELL — ASSISTANT VICE PRESIDENT — 04/19/2018

Electronic Signature of Signing Authorized Person(s) Detail — Date

Authorized Person(s) Detail Continued :

Title	PRESIDENT/ DIRECTOR
Name	HADERER, KEN
Address	1166 AVENUE OF THE AMERICAS
City-State-Zip:	NEW YORK NY 10036