2016 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 06, 2016
Secretary of State
CC4673203833

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Entity Name: CARDNO CHEMRISK, LLC

Current Principal Place of Business:

101 2ND STREET
SUITE 700
SAN FRANCISCO, CA 94105

Current Mailing Address:

10004 PARK MEADOWS DRIVE
SUITE 300
LONE TREE, CO 80124 US

FEI Number: 26-4018820

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	MGR
Name	PAUSTENBACH, DENNIS J
Address	101 SECOND STREET, SUITE 700
City-State-Zip:	SAN FRANCISCO CA 94105

Title	MANAGER
Name	SMITH, BEN
Address	10004 PARK MEADOWS DRIVE SUITE 300
City-State-Zip:	LONE TREE CO 80124

Title	MANAGER
Name	MADL, AMY
Address	101 2ND STREET SUITE 700
City-State-Zip:	SAN FRANCISCO CA 94105

Title	MANAGER
Name	FINLEY, BRENT
Address	101 2ND STREET SUITE 700
City-State-Zip:	SAN FRANCISCO CA 94105

Title	MANAGER
Name	ROBERTS, WILLIAM
Address	10004 PARK MEADOWS DR. SUITE 300
City-State-Zip:	LONE TREE CO 80124

Title	MANAGER
Name	SWATEK, MARK
Address	10004 PARK MEADOWS DRIVE SUITE 300
City-State-Zip:	LONE TREE CO 80124

Title	MANAGER
Name	GARAVAGLIA, MARK
Address	101 2ND STREET SUITE 700
City-State-Zip:	SAN FRANCISCO CA 94105

Title	MANAGER
Name	HENSHAW, JOHN
Address	10004 PARK MEADOWS DRIVE SUITE 300
City-State-Zip:	LONE TREE CO 80124

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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: WILLIAM J. ROBERTS MANAGER 04/06/2016

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

Authorized Person(s) Detail Continued :

Title	MANAGER
Name	BLANKENHORN, DAVID
Address	10004 PARK MEADOWS DRIVE SUITE 300
City-State-Zip:	LONE TREE CO 80124