## **2020 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M11000002220

Entity Name: EPIROC USA LLC

**Current Principal Place of Business:** 

8001 ARISTA PLACE SUITE 400

BROOMFIELD, CO 80021

**Current Mailing Address:** 

8001 ARISTA PLACE SUITE 400

BROOMFIELD, CO 80021 US

FEI Number: NOT APPLICABLE 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

**FILED** May 28, 2020

**Secretary of State** 

8585027209CC

Authorized Person(s) Detail:

Title **MEMBER** 

Name BASS, CHRISTOPHER

Address 8001 ARISTA PLACE

SUITE 400

**BROOMFIELD CO 80021** City-State-Zip:

Title **MEMBER** 

Name DER BERG, HENK BAN

8001 ARISTA PLACE Address

SUITE 400

**BROOMFIELD CO 80021** City-State-Zip:

Title **MEMBER** 

SANCHEZ, JOSE MANUEL Name

8001 ARISTA PLACE Address

SUITE 400

**BROOMFIELD CO 80021** City-State-Zip:

Title **MEMBER** 

Name JOHNSON, LIZ

Address 8001 ARISTA PLACE

SUITE 400

**BROOMFIELD CO 80021** City-State-Zip:

Title **MEMBER** 

Name STURM, TIMOTHY

8001 ARISTA PLACE Address

SUITE 400

**BROOMFIELD CO 80021** City-State-Zip:

Title **MEMBER** 

Address

**OZAN, TURGAY** Name

> 8001 ARISTA PLACE SUITE 400

**BROOMFIELD CO 80021** City-State-Zip:

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.

Electronic Signature of Signing Authorized Person(s) Detail