

2017 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M11000002235

Entity Name: MCCALLA RAYMER LEIBERT PIERCE, LLC**Current Principal Place of Business:**1544 OLD ALABAMA ROAD
ROSWELL, GA 30076**Current Mailing Address:**1544 OLD ALABAMA RD
ROSWELL, GA 30076 US**FEI Number:** 58-2145201**Certificate of Status Desired:** Yes**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 MANAGER
Name STONE, MARTY
Address 110 SE 6TH STREET
24TH FLOOR
City-State-Zip: FT. LAUDERDALE FL 33301

Title MGR
Name MCGEHEE, CARL
Address 1544 OLD ALABAMA RD
City-State-Zip: ROSWELL GA 30076

Title MGR
Name JONES, MELODY
Address 1544 OLD ALABAMA RD
City-State-Zip: ROSWELL GA 30076

Title MANAGER
Name REIN, JILL
Address 1 N. DEARBORN
SUITE 1200
City-State-Zip: CHICAGO IL 60602

Title MGR
Name SILVER, ADAM
Address 1544 OLD ALABAMA RD
City-State-Zip: ROSWELL GA 30076

Title MGR
Name REISS, WENDY R
Address 1544 OLD ALABAMA RD
City-State-Zip: ROSWELL GA 30076

Title MGR
Name RUTLEDGE, SHELL
Address 1544 OLD ALABAMA ROAD
City-State-Zip: ROSWELL GA 30076

Title MANAGER
Name PERRES, LEE
Address 1 N. DEARBORN
SUITE 1200
City-State-Zip: CHICAGO IL 60602

Continues on page 2

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: ANNA SHATTLES**QUALITY ASSURANCE
MANAGER****02/07/2017**

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued :

Title AUTHORIZED, AUTHORIZED MEMBER
Name PIERCE & ASSOCIATES, PC
Address 1 N. DEARBORN
SUITE 1200
City-State-Zip: CHICAGO IL 60602

Title MANAGER
Name ROSSATO, CASEY
Address 50 WESTON STREET
City-State-Zip: HARTFORD CT 06120

Title MANAGER
Name MILNE, GEOFFREY
Address 50 WESTON STREET
City-State-Zip: HARTFORD CT 06120

Title MANAGER
Name LEIBERT, RICHARD
Address 50 WESTON STREET
City-State-Zip: HARTFORD CT 06120

Title MANAGER
Name JACOBSON, RICHARD
Address 50 WESTON STREET
City-State-Zip: HARTFORD CT 06120

Title AUTHORIZED MEMBER
Name HUNT LEIBERT JACOBSON, PC
Address 50 WESTON STREET
City-State-Zip: HARTFORD CT 06120