

**2016 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M12000004131

**Entity Name:** BOLDER OUTREACH SOLUTIONS, LLC**Current Principal Place of Business:**9200 SHELBYVILLE ROAD, SUITE 210  
LOUISVILLE, KY 40222-5144**Current Mailing Address:**9200 SHELBYVILLE ROAD, SUITE 210  
LOUISVILLE, KY 40222-5144 US**FEI Number:** 46-0608830**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CT 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 GORDON, JAMES A.  
Address 900 N. MICHIGAN AVENUE  
SUITE 1800  
City-State-Zip: CHICAGO IL 60611

Title MANAGER  
Name ZALAZNICK, DAVID W.  
Address 9 WEST 57TH STREET  
33RD FLOOR  
City-State-Zip: NEW YORK NY 10019

Title MANAGER  
Name LANSCIONI, TODD J.  
Address 875 N. MICHIGAN AVENUE  
SUITE 4020  
City-State-Zip: CHICAGO IL 60611

Title MANAGER  
Name SHEA, MICHAEL A.  
Address 1905 STONEGATE ROAD  
City-State-Zip: LOUISVILLE KY 40223

Title MANAGER  
Name TOLMIE, DAVID M.  
Address 900 N. MICHIGAN AVENUE  
SUITE 1800  
City-State-Zip: CHICAGO IL 60611

Title MANAGER  
Name NELSON, GORDON L. JR.  
Address 27 MAIN STREET  
2ND FLOOR  
City-State-Zip: CONCORD MA 01742

Title MANAGER  
Name BROWN, SCOTT C.  
Address 900 N. MICHIGAN AVENUE  
SUITE 1800  
City-State-Zip: CHICAGO IL 60611

Title AUTHORIZED REPRESENTATIVE  
Name RIST, STEVEN L.  
Address 4520 MAIN STREET, SUITE 1100  
City-State-Zip: KANSAS CITY MO 64111

*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:** GORDON L. NELSON**MANAGER****01/14/2016**

Electronic Signature of Signing Authorized Person(s) Detail

Date