

2019 FOREIGN LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# M1300000389

FILED
Feb 05, 2019
Secretary of State
5771716976CC

Entity Name: TA ASSOCIATES REALTY LLC

Current Principal Place of Business:

28 STATE STREET, 10TH FLOOR
BOSTON, MA 02109

Current Mailing Address:

28 STATE STREET, 10TH FLOOR
BOSTON, MA 02109

FEI Number: 04-3341880

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 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 RUANE, MICHAEL A.
Address 28 STATE STREET, 10TH FLOOR
City-State-Zip: BOSTON MA 02109

Title MANAGER
Name BUCKINGHAM, JAMES O.
Address 28 STATE STREET, 10TH FLOOR
City-State-Zip: BOSTON MA 02109

Title MANAGER
Name LANDRY, THOMAS E.
Address 28 STATE STREET, 10TH FLOOR
City-State-Zip: BOSTON MA 02109

Title MANAGER
Name KAZAMA, TOSHIHIKO
Address 28 STATE STREET, 10TH FLOOR
City-State-Zip: BOSTON MA 02109

Title MANAGER
Name NAKAJIMA, ATSUSHI
Address 28 STATE STREET, 10TH FLOOR
City-State-Zip: BOSTON MA 02109

Title MANAGER
Name SAKAGAWA, MASAKI
Address 28 STATE STREET, 10TH FLOOR
City-State-Zip: BOSTON MA 02109

Title MANAGER
Name KUWABARA, NAOKI
Address 28 STATE STREET, 10TH FLOOR
City-State-Zip: BOSTON MA 02109

Title MANAGER
Name INAGAWA, JUNJI
Address 28 STATE STREET, 10TH FLOOR
City-State-Zip: BOSTON MA 02109

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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: SCOTT L. DALRYMPLE

SVP

02/05/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued :

Title SVP
Name DALRYMPLE, SCOTT
Address 28 STATE STREET, 10TH FLOOR
City-State-Zip: BOSTON MA 02109