

**2021 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M13000007082

**Entity Name:** ATALANTA SOSNOFF CAPITAL, LLC

**Current Principal Place of Business:**

505 5TH AVENUE  
17TH FLOOR  
NEW YORK, NY 10017

**FILED**  
**Apr 23, 2021**  
**Secretary of State**  
**1134306981CC**

**Current Mailing Address:**

505 5TH AVENUE  
17TH FLOOR  
NEW YORK, NY 10017 US

**FEI Number:** 20-0461050

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 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 / MEMBER  
Name           KELLY, KEVIN S  
Address        505 5TH AVENUE - 17TH FLOOR  
City-State-Zip: NEW YORK NY 10017

Title           MANAGER / MEMBER  
Name           STEINBERG, CRAIG B  
Address        505 5TH AVENUE - 17TH FLOOR  
City-State-Zip: NEW YORK NY 10017

Title           MANAGER / MEMBER  
Name           MCMULLAN, JOHN P  
Address        505 5TH AVENUE - 17TH FLOOR  
City-State-Zip: NEW YORK NY 10017

Title           MANAGER / MEMBER  
Name           RULAND, ROBERT F  
Address        505 5TH AVENUE - 17TH FLOOR  
City-State-Zip: NEW YORK NY 10017

Title           MANAGER / MEMBER  
Name           EVERCORE LP  
Address        505 5TH AVENUE - 17TH FLOOR  
City-State-Zip: NEW YORK NY 10017

Title           MANAGER / MEMBER  
Name           WARD, MATTHEW W  
Address        505 5TH AVENUE  
                  17TH FLOOR  
City-State-Zip: NEW YORK NY 10017

*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:** KEVIN KURPICK

**SR. VP - FINANCE**

**04/23/2021**

Electronic Signature of Signing Authorized Person(s) Detail

Date