

**2021 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M14000003674

**Entity Name:** STERIGENICS U.S., LLC

**Current Principal Place of Business:**

2015 SPRING RD  
STE 650  
OAK BROOK, IL 60523

**Current Mailing Address:**

2015 SPRING RD  
STE 650  
OAK BROOK, IL 60523 US

**FEI Number:** 95-3323502

**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           SOTERA HEALTH LLC  
Address       9100 SOUTH HILLS BLVD STE 300  
City-State-Zip: BROADVIEW HEIGHTS OH 44147

Title           AUTHORIZED REPRESENTATIVE  
Name           KLABEN, MATTHEW  
Address       9100 SOUTH HILLS BLVD  
                  STE 300  
City-State-Zip: BROADVIEW HEIGHTS OH 44147

*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:** MATTHEW KLABEN

**AUTHORIZED  
REPRESENTATIVE**

**04/27/2021**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date