

**2015 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M14000006572

**Entity Name:** UBM MEDICA GROUP LLC**Current Principal Place of Business:**535 CONNECTICUT AVENUE  
NORWALK, CT 06854**Current Mailing Address:**535 CONNECTICUT AVENUE  
NORWALK, CT 06854 US**FEI Number:** 51-0407619**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 CEO/  
Name SHANKLAND, SALLY  
Address HARBORSIDE FINANCIAL CENTER,  
PLAZA 3  
SUITE 806  
City-State-Zip: JERSEY CITY NJ 07311

Title SVP  
Name LISOWSKI, STACEY  
Address 535 CONNECTICUT AVENUE  
City-State-Zip: NORWALK CT 06854

Title VP-TAX  
Name RUSSAK, MICHAEL A JR  
Address 1983 MARCUS AVENUE  
SUITE 250  
City-State-Zip: LAKE SUCCESS NY 11042

Title ASST. SECRETARY  
Name MORALES, MIRIAM  
Address 2 PENN PLAZA  
15TH FLOOR  
City-State-Zip: NEW YORK NY 10121

Title COO  
Name FIELD, BRIAN  
Address 535 CONNECTICUT AVE  
City-State-Zip: NORWALK CT 06854

Title VP, S  
Name MACKERLEY, ANNMARIE  
Address 2 PENN PLAZA  
15TH FLOOR  
City-State-Zip: NEW YORK NY 10121

Title VP  
Name BLANK, JOSHUA  
Address 303 SECOND STREET, SOUTH  
TOWER  
SUITE 900  
City-State-Zip: SAN FRANCISCO CA 94107

*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:** ANNMARIE MACKERLEY**SECRETARY****04/29/2015**

Electronic Signature of Signing Authorized Person(s) Detail

Date