

**2025 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M15000002577

**Entity Name:** PERFORMANCE TRUST ASSET MANAGEMENT, LLC

**Current Principal Place of Business:**

500 WEST MADISON STREET SUITE 500  
CHICAGO, IL 60661

**Current Mailing Address:**

500 WEST MADISON STREET SUITE 500  
CHICAGO, IL 60661 US

**FEI Number:** 20-8098335

**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 HARRIS, ANTHONY  
Address 500 WEST MADISON STREET SUITE 500  
City-State-Zip: CHICAGO IL 60661

Title MANAGER  
Name BROWN, ERIC  
Address 500 WEST MADISON STREET SUITE 500  
City-State-Zip: CHICAGO IL 60661

Title MANAGER  
Name MASSEY, RYAN  
Address 500 WEST MADISON STREET SUITE 500  
City-State-Zip: CHICAGO IL 60661

Title MANAGER  
Name JOHNSON, CRAIG  
Address 500 WEST MADISON STREET SUITE 500  
City-State-Zip: CHICAGO IL 60661

Title MANAGER  
Name NUSSBAUM, PHIL  
Address 500 WEST MADISON STREET SUITE 500  
City-State-Zip: CHICAGO IL 60661

Title CHIEF COMPLIANCE OFFICER  
Name DUFFY, ANNIE  
Address 500 WEST MADISON STREET SUITE 500  
City-State-Zip: CHICAGO IL 60661

*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:** ANNIE DUFFY

**CHIEF COMPLIANCE  
OFFICER**

**04/03/2025**

Electronic Signature of Signing Authorized Person(s) Detail

Date