

**2018 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M16000006498

**Entity Name:** AT&T EG SUPPLY, LLC

**Current Principal Place of Business:**

2260 E. IMPERIAL HIGHWAY  
EL SEGUNDO, CA 90245

**Current Mailing Address:**

2260 E. IMPERIAL HIGHWAY  
EL SEGUNDO, CA 90245 US

**FEI Number:** 56-2466781

**Certificate of Status Desired:** No

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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           JONES, NICK W.  
Address        2260 E. IMPERIAL HIGHWAY  
City-State-Zip: EL SEGUNDO CA 90245

Title           MANAGER  
Name           RYAN, WILLIAM A.  
Address        2260 E. IMPERIAL HIGHWAY  
City-State-Zip: EL SEGUNDO CA 90245

Title           ASSISTANT SECRETARY - TAX  
Name           FISHER, LINDA A.  
Address        2260 E. IMPERIAL HIGHWAY  
City-State-Zip: EL SEGUNDO CA 90245

Title           ASSISTANT TREASURER - TAX  
Name           JOHNSON, GARY E.  
Address        2260 E. IMPERIAL HIGHWAY  
City-State-Zip: EL SEGUNDO CA 90245

Title           ASSISTANT SECRETARY - TAX  
Name           DIORIO, KAREN M.  
Address        2260 E. IMPERIAL HIGHWAY  
City-State-Zip: EL SEGUNDO CA 90245

*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:** KAREN M. DIORIO

**ASSISTANT SECRETARY - 04/04/2018  
TAX**

Electronic Signature of Signing Authorized Person(s) Detail

Date