2021 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M17000001158

Entity Name: MERRICK PARK SOLAR, LLC

Current Principal Place of Business:

ATTENTION: LCCS CHICAGO, IL 60654

350 N. ORLEANS, SUITE 300

Current Mailing Address:

350 N. ORLEANS, SUITE 300 ATTENTION: LCCS CHICAGO, IL 60654 US

FEI Number: NOT APPLICABLE 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:

City-State-Zip:

City-State-Zip:

Electronic Signature of Registered Agent Date

Authorized Person(s) Detail:

Title EVP, GC, SECRETARY, MANAGER Title CEO

CHUPAILA, JARED Name HERRON. STACIE L Name

Address 350 N. ORLEANS, SUITE 300 Address 350 N. ORLEANS, SUITE 300

ATTENTION: LCCS ATTENTION: LCCS

CHICAGO IL 60654 City-State-Zip: CHICAGO IL 60654

Title EVP, FINANCE AND ADMINISTRATION Title EVP, LEASING BERRY, KEVIN J BENSON, TROY Name Name

350 N. ORLEANS, SUITE 300 350 N. ORLEANS, SUITE 300 Address Address

> ATTENTION: LCCS ATTENTION: LCCS

City-State-Zip: CHICAGO IL 60654 City-State-Zip: CHICAGO IL 60654

Title EVP, ASSET MANAGEMENT Title SVP, CFO, TREASURER, MANAGER

MCCARTHY, BRIAN S MARSZEWSKI, TARA L Name Name

350 N. ORLEANS, SUITE 300 350 N. ORLEANS, SUITE 300 Address Address

ATTENTION: LCCS ATTENTION: LCCS

City-State-Zip: CHICAGO IL 60654 City-State-Zip: CHICAGO IL 60654

Title SVP, CAPITAL MARKETS Title SVP, TAX

ALDRIDGE, JEFFREY P Name Name COURTIS, KATHLEEN M

350 N. ORLEANS, SUITE 300 350 N. ORLEANS, SUITE 300 Address Address

> ATTENTION: LCCS ATTENTION: LCCS

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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.

04/16/2021 SIGNATURE: JACK R. KANTER ASSISTANT SECRETARY

Electronic Signature of Signing Authorized Person(s) Detail

Date

FILED Apr 16, 2021

Secretary of State

6285646818CC

Authorized Person(s) Detail Continued:

Title SVP, HUMAN RESOURCES
Name RUGEBREGT, KATHY

Address 350 N. ORLEANS, SUITE 300

ATTENTION: LCCS

City-State-Zip: CHICAGO IL 60654

Title ASST. SECRETARY
Name LYNCH, GREGORY R

Address 350 N. ORLEANS, SUITE 300

ATTENTION: LCCS

City-State-Zip: CHICAGO IL 60654

Title ASST. SECRETARY
Name PATE, KRISTEN N

Address 350 N. ORLEANS, SUITE 300

ATTENTION: LCCS

City-State-Zip: CHICAGO IL 60654

Title ASST. SECRETARY

Name KANTER, JACK R

Address 350 N. ORLEANS, SUITE 300

ATTENTION: LCCS

City-State-Zip: CHICAGO IL 60654

Title ASST. SECRETARY
Name NEWMAN, KENDRA D

Address 350 N. ORLEANS, SUITE 300

ATTENTION: LCCS

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