

2021 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M17000003846

Entity Name: GRANICUS, LLC**Current Principal Place of Business:**408 SAINT PETER ST SUITE 600
ST PAUL, MN 55102**Current Mailing Address:**408 SAINT PETER ST SUITE 600
ST PAUL, MN 55102 US**FEI Number:** 41-1941088**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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 SMITH, ROBERT F
Address 401 CONGRESS AVE SUITE 3100
City-State-Zip: AUSTIN TX 78701

Title MANAGER
Name SEVERSON, PATRICK M
Address 401 CONGRESS AVE SUITE 3100
City-State-Zip: AUSTIN TX 78701

Title MANAGER
Name BOLIN, BRET
Address 401 CONGRESS AVE SUITE 3100
City-State-Zip: AUSTIN TX 78701

Title MANAGER
Name ROGERS, ROBERT B
Address 401 CONGRESS AVE SUITE 3100
City-State-Zip: AUSTIN TX 78701

Title MANAGER
Name ATLAS, RYAN
Address 401 CONGRESS AVE SUITE 3100
City-State-Zip: AUSTIN TX 78701

Title MANAGER
Name BEAUPAIN, TAYLOR
Address 2101 ROSECRANS AVE SUITE 6250
City-State-Zip: EL SEGUNDO CA 90245

Title MANAGER
Name HYNES, MARK
Address 1999 BROADWAY
 SUITE 3600
City-State-Zip: DENVER CO 80202

Title MEMBER
Name GOVDELIVERY HOLDINGS LLC
Address 408 SAINT PETER ST SUITE 600
City-State-Zip: ST PAUL MN 55102

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: MARK HYNES**MANAGER****04/21/2021**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date