

**2021 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M17000004581

**Entity Name:** SEAGIS GP LLC

**Current Principal Place of Business:**

ONE TOWER BRIDGE  
100 FRONT STREET SUITE 350  
WEST CONSHOHOCKEN, PA 19428

**Current Mailing Address:**

ONE TOWER BRIDGE  
100 FRONT STREET SUITE 350  
WEST CONSHOHOCKEN, PA 19428 US

**FEI Number:** 20-2420362

**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:** SANDRA YOUNKER

04/26/2021

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MEMBER  
Name BEGIER, JOHN B  
Address ONE TOWER BRIDGE  
100 FRONT STREET SUITE 350  
City-State-Zip: WEST CONSHOHOCKEN PA 19428

Title MEMBER  
Name LEE, CHARLES C JR.  
Address ONE TOWER BRIDGE  
100 FRONT STREET SUITE 350  
City-State-Zip: WEST CONSHOHOCKEN PA 19428

Title AUTHORIZED REPRESENTATIVE  
Name MCKENNA, TIMOTHY E.  
Address ONE TOWER BRIDGE  
100 FRONT STREET SUITE 350  
City-State-Zip: WEST CONSHOHOCKEN PA 19428

*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:** TIMOTHY E. MCKENNA

**AUTHORIZED  
REPRESENTATIVE**

04/26/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date