

**2022 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M18000003129

**Entity Name:** CUBE IV TRS LLC

**Current Principal Place of Business:**

5 OLD LANCASTER RD  
MALVERN, PA 19355

**Current Mailing Address:**

5 OLD LANCASTER RD  
MALVERN, PA 19355 US

**FEI Number:** 30-1010607

**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 P  
Name MARR, CHRISTOPHER P  
Address 5 OLD LANCASTER RD  
City-State-Zip: MALVERN PA 19355

Title T  
Name MARTIN, TIMOTHY  
Address 5 OLD LANCASTER RD  
City-State-Zip: MALVERN PA 19355

Title VPS  
Name FOSTER, JEFFREY P  
Address 5 OLD LANCASTER RD  
City-State-Zip: MALVERN PA 19355

Title VP  
Name TYRELL, DOUGLAS  
Address 5 OLD LANCASTER RD  
City-State-Zip: MALVERN PA 19355

*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:** JEFFREY P. FOSTER

**VICE PRESIDENT**

**01/05/2022**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date