2019 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M18000005721

Entity Name: BRIOVARX, LLC

FILED
Mar 23, 2019
Secretary of State
2671740698CC

Current Principal Place of Business:

1600 MCCONNOR PKWY SCHAUMBURG, IL 60173

Current Mailing Address:

1600 MCCONNOR PKWY SCHAUMBURG, IL 60173 US

FEI Number: 55-0824381 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

Authorized Person(s) Detail:

Title MANAGER Title MANAGER

NameLANG, HEATHER ANASTASIANameHINES, KIRSTEN COLLEENAddress9900 BREN ROAD EASTAddress1600 MCCONNOR PARKWAYCity-State-Zip:MINNETONKA MN 55343City-State-Zip:SCHAUMBURG IL 60173

Title MANAGER Title MANAGER

NamePETERSON, KAREN ELIZABETHNameGILL, PETER MARSHALLAddress1600 MCCONNOR PARKWAYAddress9900 BREN ROAD EASTCity-State-Zip:SCHAUMBURG IL 60173City-State-Zip:MINNETONKA MN 55343

Title MANAGER Title MANAGER

Name LAGERSTROM, EDWARD ANDREW Name GROSKLAGS, JEFFREY DAVID

Address MAIL ROUTE: MN102-0700 Address 11020 OPTUM CIRCLE

11020 OPTUM CIRCLE MN102-0800

City-State-Zip: EDEN PRAIRIE MN 55344 City-State-Zip: EDEN PRAIRIE MN 55344

Title MANAGER

Name OBERG, DAVID JOHN
Address 17900 VON KARMAN AVE.

City-State-Zip: IRVINE CA 92614

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: HEATHER ANASTASIA LANG MANAGER 03/23/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date

Date