

**2020 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M18000011120

**Entity Name:** REFINITIV US ORGANIZATION LLC

**Current Principal Place of Business:**

3 TIMES SQUARE  
NEW YORK, NY 10036

**Current Mailing Address:**

3 TIMES SQUARE  
NEW YORK, NY 10036 US

**FEI Number:** 90-0886282

**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:** BARBARA J CHRISTMAN

02/07/2020

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title           MANAGER  
Name           DIMICELI, EMILY  
Address        3 TIMES SQUARE  
City-State-Zip: NEW YORK NY 10036

Title           MANAGER  
Name           POCSIK, DARREN B  
Address        3 TIMES SQUARE  
City-State-Zip: NEW YORK NY 10036

Title           MANAGER  
Name           WALTON, DEBRA  
Address        3 TIMES SQUARE  
City-State-Zip: NEW YORK NY 10036

Title           MANAGER  
Name           WEST, BRIAN J  
Address        3 TIMES SQUARE  
City-State-Zip: NEW YORK NY 10036

Title           MANAGER  
Name           LEWIS, MARC  
Address        3 TIMES SQUARE  
City-State-Zip: NEW YORK NY 10036

Title           MANAGER  
Name           SINGH, DHANUJA  
Address        3 TIMES SQUARE  
City-State-Zip: NEW YORK NY 10036

*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:** DARREN B POCSIK

MANAGER

02/07/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date