

**2024 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M20000010036

**Entity Name:** PHILIPS RS NORTH AMERICA LLC

**Current Principal Place of Business:**

6501 LIVING PLACE  
PITTSBURGH, PA 15206

**Current Mailing Address:**

6501 LIVING PLACE  
PITTSBURGH, PA 15206 US

**FEI Number:** 25-1304989

**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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title           MANAGER  
Name           LUTAI, ANDREI  
Address        6501 LIVING PLACE  
City-State-Zip: PITTSBURGH PA 15206

Title           MANAGER  
Name           BLAKE, ROBERT M.  
Address        6501 LIVING PLACE  
City-State-Zip: PITTSBURGH PA 15206

Title           MANAGER  
Name           LEONARD, DANIEL  
Address        222 JACOBS STREET  
City-State-Zip: CAMBRIDGE MA 02141-2289

Title           MANAGER  
Name           PHATARPEKAR, SANTOSH  
Address        6501 LIVING PLACE  
City-State-Zip: PITTSBURGH PA 15206

Title           AUTHORIZED MEMBER  
Name           PHILIPS RS NORTH AMERICA  
                  HOLDING CORPORATION  
Address        222 JACOBS STREET  
City-State-Zip: CAMBRIDGE MA 02141-2289

*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:** ROBERT M. BLAKE

**SECRETARY**

**04/17/2024**

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

\_\_\_\_\_  
Date