

2022 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M21000015052

Entity Name: THOMSON REUTERS ENTERPRISE CENTRE GMBH LLC**Current Principal Place of Business:**C/O THOMSON RETUERS
LANDIS + GYR-STRASSE 3
ZUG, 6300**Current Mailing Address:**C/O THOMSON RETUERS
LANDIS + GYR-STRASSE 3
ZUG, 6300 CH**FEI Number:** 98-0435183**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 DIRECTOR
Name CLAMP-HELD, RUTH MS.
Address C/O THOMSON RETUERS
LANDIS + GYR-STRASSE 3
City-State-Zip: ZUG 6300

Title DIRECTOR
Name ELLIOTT-STEVENSON, JIMMA MS.
Address C/O THOMSON RETUERS
LANDIS + GYR-STRASSE 3
City-State-Zip: ZUG 6300

Title DIRECTOR
Name ROTH, KIRSTY MS.
Address C/O THOMSON RETUERS
LANDIS + GYR-STRASSE 3
City-State-Zip: ZUG 6300

Title DIRECTOR
Name WILKINSON, SARAH
Address C/O THOMSON RETUERS
LANDIS + GYR-STRASSE 3
City-State-Zip: ZUG 6300

Title DIRECTOR
Name STERCHI, HERBERT MR.
Address C/O THOMSON RETUERS
LANDIS + GYR-STRASSE 3
City-State-Zip: ZUG 6300

Title DIRECTOR
Name WILBURN, PATRICK MR.
Address C/O THOMSON RETUERS
LANDIS + GYR-STRASSE 3
City-State-Zip: ZUG 6300

Title DIRECTOR
Name HASKER, STEPHEN J MR.
Address C/O THOMSON REUTERS
333 BAY STREET
City-State-Zip: TORONTO ONTARIO M5H2R2

Title DIRECTOR
Name EASTWOOD, MICHAEL K MR.
Address C/O THOMSON REUTERS
333 BAY STREET
City-State-Zip: TORONTO ONTARIO M5H2R2

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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: MR. HERBERT STERCHI**DIRECTOR****04/28/2022**

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued :

Title DIRECTOR
Name WONG, DAVID FRANKLIN MR.
Address C/O THOMSON REUTERS
333 BAY STREET
City-State-Zip: TORONTO ONTARIO M5H2R2

Title DIRECTOR
Name SHARMA, KRITI MS.
Address C/O THOMSON RETUERS
LANDIS + GYR-STRASSE 3
City-State-Zip: ZUG 6300

Title DIRECTOR
Name PECCARELLI, BRIAN MR.
Address C/O THOMSON REUTERS
2395 MIDWAY ROAD
City-State-Zip: CARROLLTON TX 75006