2024 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M21000015052

Entity Name: THOMSON REUTERS ENTERPRISE CENTRE GMBH LLC

FILED Apr 24, 2024 Secretary of State 7112005239CC

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:

Address

Address

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail:

Title MANAGER Title MANAGER

NameGRAY, ANDREWNamePECCARELLI, BRIANAddressC/O THOMSON RETUERSAddress2395 MIDWAY ROAD

LANDIS + GYR STRASSE 3 City-State-Zip: CARROLLTON TX 75006

City-State-Zip: ZUG 6300

Title MANAGER

Title MANAGER

Name WONG, DAVID FRANKLIN LARSON, DAVID FRANCIS

Address C/O THOMSON RETUERS

LANDIS + GYR STRASSE 3 City-State-Zip: TORONTO ON M5H2R2

Address

333 BAY STREET

City-State-Zip: ZUG 6300 Title MANAGER

Title MANAGER Name ELLIOTT-STEVENS, JIMMA

Name STERCHI, HERBERT Address C/O THOMSON RETUERS
LANDIS + GYR STRASSE 3

C/O THOMSON RETUERS
LANDIS + GYR STRASSE 3
City-State-Zip: ZUG 6300

LANDIS F GTK STKASSE S

City-State-Zip: ZUG 6300 Title MANAGER

Title MANAGER Name ROTH, KIRSTY

Name HENDRIKX, KERRY Address C/O THOMSON RETUERS

LANDIS + GYR STRASSE 3

C/O THOMSON RETUERS

LANDIS + GYR STRASSE 3 City-State-Zip: ZUG 6300

City-State-Zip: ZUG 6300 Continues on page 2

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: ANDREW GRAY: JIMMA ELLIOTT-STEVENS MANAGERS 04/24/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued:

MANAGER

Title

Title MANAGER Title MANAGER

Name SHARMA, KRITI Name EASTWOOD, MICHAEL K

Address C/O THOMSON RETUERS Address 333 BAY STREET
LANDIS + GYR STRASSE 3 City State Zig: TOPONTO ON M

City-State-Zip: ZUG 6300 City-State-Zip: TORONTO ON M5H2R2

Title MANAGER

Name PEREZ, PABLO Name HASKER, STEPHEN J

Address C/O THOMSON RETUERS

Address 333 BAY STREET

LANDIS + GYR STRASSE 3 City-State-Zip: TORONTO ON M5H2R2

City-State-Zip: ZUG 6300