2020 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2020
Secretary of State
6225682422CC

DOCUMENT# M96000000035

Entity Name: ALIGHT SOLUTIONS LLC

Current Principal Place of Business:

C/O ALIGHT SOLUTIONS
4 OVERLOOK POINT
LINCOLNSHIRE, IL 60069

Current Mailing Address:

C/O ALIGHT SOLUTIONS
4 OVERLOOK POINT
LINCOLNSHIRE, IL 60069 US

FEI Number: 36-2235791

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	MICHALAK, CHRIS
Address	C/O ALIGHT SOLUTIONS 4 OVERLOOK POINT
City-State-Zip:	LINCOLNSHIRE IL 60069

Title	MANAGER
Name	KESTNBAUM, DAVID
Address	C/O BLACKSTONE GROUP 345 PARK AVENUE
City-State-Zip:	NEW YORK NY 10154

Title	MANAGER
Name	WALLACE, PETER
Address	C/O BLACKSTONE GROUP 345 PARK AVENUE
City-State-Zip:	NEW YORK NY 10154

Title	MANAGER
Name	DODSON, PAULETTE
Address	C/O ALIGHT SOLUTIONS 4 OVERLOOK POINT
City-State-Zip:	LINCOLNSHIRE IL 60069

Title	MANAGER
Name	ROONEY, KATIE J.
Address	C/O ALIGHT SOLUTIONS 4 OVERLOOK POINT
City-State-Zip:	LINCOLNSHIRE IL 60069

Title	MEMBER
Name	TEMPO INTERMEDIATE HOLDING COMPANY II, LLC
Address	C/O ALIGHT SOLUTIONS 4 OVERLOOK POINT
City-State-Zip:	LINCOLNSHIRE IL 60069

Title	ASSISTANT SECRETARY
Name	BAJZEK, MARGE
Address	C/O ALIGHT SOLUTIONS 4 OVERLOOK POINT
City-State-Zip:	LINCOLNSHIRE IL 60069

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: MARGE BAJZEK ASSISTANT SECRETARY 04/30/2020

Electronic Signature of Signing Authorized Person(s) Detail — Date