

2021 FOREIGN PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# 830046

Entity Name: MOTOROLA SOLUTIONS, INC.**Current Principal Place of Business:**500 WEST MONROE STREET
CHICAGO, IL 60661**Current Mailing Address:**500 WEST MONROE STREET
CHICAGO, IL 60661 US**FEI Number: 36-1115800****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324 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**Officer/Director Detail :**

Title CHAIRMAN & CEO
Name GREGORY, BROWN Q
Address 500 WEST MONROE STREET
City-State-Zip: CHICAGO IL 60661

Title SENIOR VP
Name STEINBERG, PAUL D
Address 500 WEST MONROE STREET
City-State-Zip: CHICAGO IL 60661

Title SENIOR VP
Name ANNES, MICHAEL D
Address 500 WEST MONROE STREET
City-State-Zip: CHICAGO IL 60661

Title EXECUTIVE VP
Name MOLLOY, JOHN
Address 500 WEST MONROE STREET
City-State-Zip: CHICAGO IL 60661

Title CFO & EXECUTIVE VICE PRESIDENT
Name WINKLER, JASON J
Address 500 WEST MONROE STREET
City-State-Zip: CHICAGO IL 60661

Title CHIEF TECHNOLOGY OFFICER
Name SAPTHARISHI, MAHESH
Address 500 WEST MONROE STREET
City-State-Zip: CHICAGO IL 60661

Title EXECUTIVE VP
Name MARK, KELLY S
Address 500 WEST MONROE STREET
City-State-Zip: CHICAGO IL 60661

Title SENIOR VP
Name NAIK, RAJAN S
Address 500 WEST MONROE STREET
City-State-Zip: CHICAGO IL 60661

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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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: GREGORY BROWN**CEO****10/11/2021**_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title	CHIEF ACCOUNTING OFFICER & VP
Name	PEKOFKSKE, DANIEL G
Address	500 WEST MONROE STREET
City-State-Zip:	CHICAGO IL 60661