2022 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000005038

Entity Name: THERMO ASSET MANAGEMENT SERVICES INC.

Current Principal Place of Business:

2202 N. BARTLETT AVENUE MILWAUKEE. WI 53202

Current Mailing Address:

168 THIRD AVENUE WALTHAM, MA 02451 US

FEI Number: 39-1127174 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CAPITOL CORPORATE SERVICES, INC. 515 EAST PARK AVENUE 2ND FL TALLAHASSEE, FL 32301 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

FILED Apr 20, 2022

Secretary of State

5464458586CC

Officer/Director Detail:

Title ASSISTANT TREASURER Title ASSISTANT SECRETARY Name SPELLMAN, MAURA A Name WILK. JONATHAN C Address 168 THIRD AVENUE Address 168 THIRD AVENUE City-State-Zip: WALTHAM MA 02451 City-State-Zip: WALTHAM MA 02451

Title ASSISTANT SECRETARY Title TREASURER, ASSISTANT

> **SECRETARY** Name

BRUNI, JAMES E Name SMITH, ANTHONY H Address 300 INDUSTRY DRIVE Address **168 THIRD AVENUE** PITTSBURGH PA 15275 City-State-Zip: City-State-Zip: WALTHAM MA 02451

Title DIRECTOR, SECRETARY

Title ASSISTANT SECRETARY BOXER, MICHAEL A Name Name MICHAUD, MICHAEL K 168 THIRD AVENUE Address Address **168 THIRD AVENUE** City-State-Zip: WALTHAM MA 02451 City-State-Zip: WALTHAM MA 02451

Title ASSISTANT SECRETARY Name COLTON, STEPHANIE Address 5823 NEWTON AVE City-State-Zip: CARLSBAD CA 92008

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.

04/20/2022 SIGNATURE: JAMES E BRUNI ASSISTANT SECRETARY

Electronic Signature of Signing Officer/Director Detail

Date