

**2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F11000001760

**Entity Name:** TLHUS, INC.**Current Principal Place of Business:**5450 PRAIRIE STONE PARKWAY  
HOFFMAN ESTATES, IL 60192**Current Mailing Address:**5450 PRAIRIE STONE PARKWAY  
HOFFMAN ESTATES, IL 60192 US**FEI Number: 13-3005499****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM  
1200 SOUTH 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	DP
Name	CASTELLI, PETER M
Address	5450 PRAIRIE STONE PARKWAY
City-State-Zip:	HOFFMAN ESTATES IL 60192

Title	DVT
Name	POCIASK, LAWRENCE A
Address	5450 PRAIRIE STONE PARKWAY
City-State-Zip:	HOFFMAN ESTATES IL 60192

Title	S
Name	ROOS, ROBERT T
Address	5450 PRAIRIE STONE PARKWAY
City-State-Zip:	HOFFMAN ESTATES IL 60192

Title	ASST. SECRETARY
Name	BALSLEY, HEIDI R
Address	5450 PRAIRIE STONE PARKWAY
City-State-Zip:	HOFFMAN ESTATES IL 60192

Title	ASST. SECRETARY
Name	CLAYPOOL, BOBBI J
Address	5450 PRAIRIE STONE PARKWAY
City-State-Zip:	HOFFMAN ESTATES IL 60192

*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: LAWRENCE A POCIASK****TREASURER****04/22/2016**

Electronic Signature of Signing Officer/Director Detail

Date