

2020 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	PRESIDENT/DIRECTOR
Name	ANDERSON, SUZANNE K.
Address	5450 PRAIRIE STONE PARKWAY
City-State-Zip:	HOFFMAN ESTATES IL 60192

Title	VP, TAX/TREASURER
Name	POCIASK, LAWRENCE A.
Address	5450 PRAIRIE STONE PARKWAY
City-State-Zip:	HOFFMAN ESTATES IL 60192

Title	VP/SECRETARY
Name	DASTGHEIB-VINAROV, SARA
Address	5450 PRAIRIE STONE PARKWAY
City-State-Zip:	HOFFMAN ESTATES IL 60192

Title	DIRECTOR
Name	POCIASK, LAWRENCE A.
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**VP, TAX/TREASURER****05/08/2020**_____
Electronic Signature of Signing Officer/Director Detail_____
Date