

2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F17000005602

Entity Name: TANDEMSEVEN, INC.**Current Principal Place of Business:**29 NORTH WACKER DRIVE
5TH FLOOR
CHICAGO, IL 60606**Current Mailing Address:**29 NORTH WACKER DRIVE
5TH FLOOR
CHICAGO, IL 60606 US**FEI Number:** 04-3577354**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**COGENCY GLOBAL INC.
115 NORTH CALHOUN STREET, STE 4
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**Officer/Director Detail :**

Title SENIOR VICE PRESIDENT &
SECRETARY, DIRECTOR
Name SCHOLTES, THOMAS D
Address 50 MURRAY DRIVE
City-State-Zip: EASTON PA 18042

Title SENIOR VICE PRESIDENT, CFO
Name MUNJAL, SANJEEV
Address 50 MILK STREET, 19TH FLOOR
City-State-Zip: BOSTON MA 02110

Title SENIOR VICE PRESIDENT
Name SCHULTZ, ANDY
Address 50 MILK STREET, 19TH FLOOR
City-State-Zip: BOSTON MA 02110

Title VP, TAXES
Name RESNICK, JULIA
Address 521 FIFTH AVENUE, 14TH FLOOR
City-State-Zip: NEW YORK NY 10175

Title PRESIDENT
Name SHAMAH, RONALD
Address 521 FIFTH AVENUE, 14TH FLOOR
City-State-Zip: NEW YORK NY 10175

Title DIRECTOR
Name SOLOVEY, MARINA
Address 521 FIFTH AVENUE, 14TH FLOOR
City-State-Zip: NEW YORK NY 10175

Title VP
Name APICHAH, NARIS
Address 29 NORTH WACKER DRIVE
City-State-Zip: CHICAGO IL 60606

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: THOMAS D. SCHOLTES**SENIOR VICE PRESIDENT 04/25/2024
& SECRETARY**_____
Electronic Signature of Signing Officer/Director Detail_____
Date