

2021 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F18000002103

Entity Name: ALTA ASSOCIATES, INC.

Current Principal Place of Business:

26 MAIN ST, SUITE 203
CHATHAM, NJ 07928

FILED
Apr 13, 2021
Secretary of State
3759747773CC

Current Mailing Address:

500 W MADISON ST
32ND FLOOR
CHICAGO, IL 60661 US

FEI Number: 13-3948515

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 D
Name O'MALLEY, EDWARD
Address 1250 CAPITAL OF TEXAS HWY S
BLDG 2 STE 125
City-State-Zip: AUSTIN TX 78746

Title D
Name SCHNEIDER, BRETT
Address 340 MADISON AVE, 20TH FL
City-State-Zip: NEW YORK NY 10173

Title DVPAS
Name MOO, VERONICA
Address 340 MADISON AVE, 20TH FL
City-State-Zip: NEW YORK NY 10173

Title PS
Name LAFORGE, DARYL
Address 26 MAIN ST, SUITE 203
City-State-Zip: CHATHAM NJ 07928

Title VPT
Name HYLAND, JOHN
Address 26 MAIN ST, SUITE 203
City-State-Zip: CHATHAM NJ 07928

Title VP
Name EPSTEIN, ROSS M
Address 340 MADISON ST, 20TH FL
City-State-Zip: NEW YORK NY 10173

Title VP
Name LIESER, LORI M
Address 500 W MADISON ST, SUITE 2710
City-State-Zip: CHICAGO IL 60661

Title VP
Name SPRADLEY, SUZANNE
Address 1250 CAPITAL OF TEXAS HWY S
BLDG 2, SUITE 125
City-State-Zip: AUSTIN TX 78746

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: LORI M. LIESER

VICE PRESIDENT

04/13/2021

Electronic Signature of Signing Officer/Director Detail

Date