

2019 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M16000005649

Entity Name: ONVOY SPECTRUM, LLC

Current Principal Place of Business:

550 W ADAMS STREET, SUITE 900
CHICAGO, IL 60661

Current Mailing Address:

550 W ADAMS STREET, SUITE 900
CHICAGO, IL 60661 US

FEI Number: 47-3389357

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

INCORP SERVICES, INC.
17888 67TH COURT NORTH
LOXAHATCHEE, FL 33470 US

FILED
Apr 10, 2019
Secretary of State
0080052111CC

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

Authorized Person(s) Detail :

Title MGR
Name HENDRICKS, FRITZ
Address 2560 28TH STREET, SUITE 100
City-State-Zip: BOULDER CO 80301

Title MANAGER
Name SABOO, SURENDRA
Address 550 W ADAMS STREET, SUITE 900
City-State-Zip: CHICAGO IL 60661

Title MANAGER
Name SAWYER, SCOTT
Address 550 W ADAMS STREET, SUITE 900
City-State-Zip: CHICAGO IL 60661

Title MANAGER
Name O'HARA, EDWARD
Address 550 W ADAMS STREET, SUITE 900
City-State-Zip: CHICAGO IL 60661

Title MANAGER
Name CANFIELD, PHILLIP
Address 550 W ADAMS STREET, SUITE 900
City-State-Zip: CHICAGO IL 60661

Title MANAGER
Name FEY, LAWRENCE
Address 550 W ADAMS STREET, SUITE 900
City-State-Zip: CHICAGO IL 60661

Title MEMBER
Name ONVOY, LLC
Address 550 W ADAMS STREET, SUITE 900
City-State-Zip: CHICAGO IL 60661

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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: CAREY ROESEL

**AUTH REP OF ATTORNEY 04/10/2019
IN FACT**

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date