

**2024 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M21000013360

**Entity Name:** BISON CAPITAL ASSET MANAGEMENT, LLC

**Current Principal Place of Business:**

233 WILSHIRE BLVD.  
SUITE 425  
SANTA MONICA, CA 90401

**Current Mailing Address:**

233 WILSHIRE BLVD.  
SUITE 425  
SANTA MONICA, CA 90401 US

**FEI Number:** 46-0520214

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
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

**Authorized Person(s) Detail :**

Title MEMBER  
Name MACDONALD, PETER  
Address 502 E ATLANTIC AVE STE 221-222  
City-State-Zip: DELRAY BCH FL 33483

Title MEMBER  
Name CABALLERO, LOU  
Address 233 WILSHIRE BLVD.  
SUITE 425  
City-State-Zip: SANTA MONICA CA 90401

Title MEMBER  
Name CHU, YEE-PING  
Address 233 WILSHIRE BLVD.  
SUITE 425  
City-State-Zip: SANTA MONICA CA 90401

Title MEMBER  
Name HILDEBRAND, ANDREAS  
Address 780 THIRD AVE 30TH FLOOR  
City-State-Zip: NEW YORK NY 10017

Title MEMBER  
Name TRUSSLER, DOUGLAS  
Address 233 WILSHIRE BLVD.  
SUITE 425  
City-State-Zip: SANTA MONICA CA 90401

Title CFO  
Name HERDEGEN, RICHARD  
Address 233 WILSHIRE BLVD.  
SUITE 425  
City-State-Zip: SANTA MONICA CA 90401

*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:** RICHARD HERDEGEN

**CHIEF FINANCIAL  
OFFICER**

**02/15/2024**

Electronic Signature of Signing Authorized Person(s) Detail

Date