



Form Revision Date 07/2016

ANNUAL STATEMENT
For use by DOMESTIC LIMITED LIABILITY COMPANY
(Required by Section 207, Act 23, Public Act of 1993)

Identification Number: 801454593

Annual Statement Filing Year: 2022

1. Limited Liability Company Name:
INDICON MEXICO EMPLOYEES LLC

2. The street address of the limited liability company's registered office and name of the resident agent at that office:
1. Resident Agent Name: CAPITOL CORPORATE SERVICES, INC.
2. Street Address: 186 N MAIN ST
Apt/Suite/Other: 2ND FL STE 1
City: PLYMOUTH
State: MI Zip Code: 48170
3. Mailing address of the registered office:
P.O. Box or Street Address: 186 N MAIN ST
Apt/Suite/Other: 2ND FL STE 1
City: PLYMOUTH
State: MI Zip Code: 48170

This annual statement must be signed by a member, manager, or an authorized agent.
Signed this 27th Day of December, 2021 by:

| Signature | Title | Title if "Other" was selected |
|--------------|---------|-------------------------------|
| PAUL DUHAIME | Manager | |

By selecting ACCEPT, I hereby acknowledge that this electronic document is being signed in accordance with the Act. I further certify that to the best of my knowledge the information provided is true, accurate, and in compliance with the Act.
j_n Decline j_n Accept

MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
FILING ENDORSEMENT

This is to Certify that the 2022 ANNUAL STATEMENT

for

INDICON MEXICO EMPLOYEES LLC

ID Number: 801454593

received by electronic transmission on December 27, 2021 ***, is hereby endorsed.***

Filed on December 27, 2021, ***by the Administrator.***

The document is effective on the date filed, unless a subsequent effective date within 90 days after received date is stated in the document.



In testimony whereof, I have hereunto set my hand and affixed the Seal of the Department, in the City of Lansing, this 27th day of December, 2021.

Linda Clegg

Linda Clegg, Director

Corporations, Securities & Commercial Licensing Bureau