AMENDED ANNUAL REPORT

Corporation Division
sos.oregon.gov/business

E-FILED
May 02, 2025
OREGON SECRETARY OF STATE

REGISTRY NUMBER

93477199

REGISTRATION DATE

05/02/2013

BUSINESS NAME

ALACRITY NETWORK SOLUTIONS, LLC

BUSINESS ACTIVITY

THIRD PARTY ADMINISTRATORS OF INSURANCE SERVICES

MAILING ADDRESS

360 EAST 10TH AVENUE
SUITE 400
EUGENE OR 97401 USA

TYPE

FOREIGN LIMITED LIABILITY COMPANY

PRIMARY PLACE OF BUSINESS

360 EAST 10TH AVENUE
SUITE 400
EUGENE OR 97401 USA

JURISDICTION

DELAWARE

REGISTERED AGENT

15872088 - CORPORATION SERVICE COMPANY
1127 BROADWAY STREET NE
SUITE 310
SALEM OR 97301 USA
If the Registered Agent has changed, the new agent has consented to the appointment.

MEMBER

ALACRITY SOLUTIONS GROUP, LLC
9725 WINDEMERE BLVD
FISHERS IN 46037 USA

I declare, under penalty of perjury, that this document does not fraudulently conceal, fraudulently obscure, fraudulently alter or otherwise misrepresent the identity of the person or any officers, managers, members or agents of the limited liability company on behalf of which the person signs. This filing has been examined by me and is, to the best of my knowledge and belief, true, correct, and complete. Making false statements in this document is against the law and may be penalized by fines, imprisonment, or both.

By typing my name in the electronic signature field, I am agreeing to conduct business electronically with the State of Oregon. I understand that transactions and/or signatures in records may not be denied legal effect solely because they are conducted, executed, or prepared in electronic form and that if a law requires a record or signature to be in writing, an electronic record or signature satisfies that requirement.

ELECTRONIC SIGNATURE

NAME

CRAIG CAPON

TITLE

AUTHORIZED PERSON

DATE

05-02-2025