

**2022 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F01000001283

**Entity Name:** MOVE SALES, INC.

**Current Principal Place of Business:**

30700 RUSSELL RANCH ROAD, STE 1000  
WESTLAKE VILLAGE, CA 91362

**Current Mailing Address:**

30700 RUSSELL RANCH ROAD, STE 1000  
WESTLAKE VILLAGE, CA 91362 US

**FEI Number:** 52-2284225

**Certificate of Status Desired:** No

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

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND RD  
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           DIRECTOR  
Name           THOMSON, ROBERT JAMES  
Address        1211 AVENUE OF THE AMERICAS  
City-State-Zip: NEW YORK NY 10036

Title           DIRECTOR  
Name           PANUCCIO, SUSAN  
Address        1211 AVENUE OF THE AMERICAS  
City-State-Zip: NEW YORK NY 10036

Title           PRESIDENT  
Name           DOCTOROW, DAVID  
Address        30700 RUSSELL RANCH ROAD  
City-State-Zip: WESTLAKE VILLAGE CA 91362

Title           TREASURER  
Name           MAIRE, STEPHEN  
Address        30700 RUSSELL RANCH ROAD  
City-State-Zip: WESTLAKE VILLAGE CA 91362

Title           SECRETARY  
Name           CAULFIELD, JAMES S.  
Address        30700 RUSSELL RANCH ROAD  
City-State-Zip: WESTLAKE VILLAGE CA 91362

*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:** CAULFIELD , JAMES S.

**SECRETARY**

**03/29/2022**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date