

2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000005071

Entity Name: HANNA ANDERSSON HOLDING CORP.

Current Principal Place of Business:

608 NE 19TH AVENUE
PORTLAND, OR 97232

Current Mailing Address:

608 NE 19TH AVENUE
PORTLAND, OR 97232 US

FEI Number: 26-3744334

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
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 CFO
Name BELL, BRADLEY M.
Address 608 NE 19TH AVENUE
City-State-Zip: PORTLAND OR 97232

Title TREASURER
Name CESLA, JILL
Address 608 NE 19TH AVENUE
City-State-Zip: PORTLAND OR 97232

Title DIRECTOR
Name THUKRAL, NIKHIL
Address 608 NE 19TH AVENUE
City-State-Zip: PORTLAND OR 97232

Title DIRECTOR
Name GORDON, KAREN
Address 608 NE 19TH AVENUE
City-State-Zip: PORTLAND OR 97232

Title DIRECTOR
Name FRAZZINI, MICHAEL
Address 608 NE 19TH AVENUE
City-State-Zip: PORTLAND OR 97232

Title DIRECTOR
Name NEFERKARA, PAMELA
Address 608 NE 19TH AVENUE
City-State-Zip: PORTLAND OR 97232

Title DIRECTOR
Name LAPIC, AIMEE
Address 608 NE 19TH AVENUE
City-State-Zip: PORTLAND OR 97232

Title CEO
Name LAPIC, AIMEE
Address 608 NE 19TH AVENUE
City-State-Zip: PORTLAND OR 97232

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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: BRADLEY M. BELL

CHIEF FINANCIAL OFFICER

04/10/2024

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name HERRICK, KANE
Address 608 NE 19TH AVENUE
City-State-Zip: PORTLAND OR 97232