

**2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F11000004901

**FILED**  
**May 28, 2020**  
**Secretary of State**  
**5888096394CC**

**Entity Name:** HARVEST MANAGEMENT SUB TRS CORP.

**Current Principal Place of Business:**

631 WEST MORSE BLVD.  
WINTER PARK, FL 32789

**Current Mailing Address:**

631 WEST MORSE BLVD.  
WINTER PARK, FL 32789 US

**FEI Number: 45-3864272**

**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 CHIEF PEOPLE OFFICER  
Name SHEEAN, KAREN  
Address 631 WEST MORSE BLVD.  
City-State-Zip: WINTER PARK FL 32789

Title CFO  
Name NELSON, TYLER  
Address 631 WEST MORSE BLVD.  
City-State-Zip: WINTER PARK FL 32789

Title CEO  
Name DONOHUE, LILLY  
Address 631 WEST MORSE BLVD.  
City-State-Zip: WINTER PARK FL 32789

Title SECRETARY  
Name BOUCHARD, CHRISTOPHER J.  
Address 631 WEST MORSE BLVD.  
City-State-Zip: WINTER PARK FL 32789

Title DIRECTOR  
Name TSERPELIS, DEMETRIOS  
Address 1345 AVENUE OF THE AMERICAS  
City-State-Zip: NEW YORK NY 10105

*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: CHRISTOPHER J. BOUCHARD**

**SECRETARY**

**05/28/2020**

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

\_\_\_\_\_  
Date