

2021 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F11000004901

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 CHIEF LEGAL OFFICER &
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

CHIEF LEGAL OFFICER & SECRETARY 04/24/2021

Electronic Signature of Signing Officer/Director Detail

Date