

**2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F11000004901

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

**Current Principal Place of Business:**

5885 MEADOWS RD  
SUITE 500  
LAKE OSWEGO , OR 97035

**Current Mailing Address:**

5885 MEADOWS RD  
SUITE 500  
LAKE OSWEGO , OR 97035 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            CEO  
Name            DONOHUE, LILLY  
Address        5885 MEADOWS RD  
                  SUITE 500  
City-State-Zip: LAKE OSWEGO OR 97035

Title            SECRETARY  
Name            BOUCHARD, CHRISTOPHER J.  
Address        5885 MEADOWS RD  
                  SUITE 500  
City-State-Zip: LAKE OSWEGO OR 97035

Title            ASSISTANT SECRETARY  
Name            KUOR, LEAH R.  
Address        5885 MEADOWS RD  
                  SUITE 500  
City-State-Zip: LAKE OSWEGO OR 97035

Title            DIRECTOR  
Name            BROOKS, DAVID N.  
Address        1345 AVENUE OF THE AMERICAS  
                  46TH FLOOR  
City-State-Zip: NEW YORK NY 10105

Title            DIRECTOR  
Name            NARDONE, RANDAL  
Address        1345 AVENUE OF AMERICAS  
                  46TH FLOOR  
City-State-Zip: NEW YORK NY 10105

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:** LEAH R. KUOR

**ASSISTANT SECRETARY    03/28/2016**

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

\_\_\_\_\_  
Date