

2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F11000004901

Entity Name: HARVEST MANAGEMENT SUB TRS CORP.

Current Principal Place of Business:

480 NORTH ORLANDO AVE.
SUITE 236
WINTER PARK, FL 32789

Current Mailing Address:

480 NORTH ORLANDO AVE.
SUITE 236
WINTER PARK, FL 32789 US

FEI Number: NOT APPLICABLE

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 NELSON, TYLER
Address 480 NORTH ORLANDO AVE.
SUITE 236
City-State-Zip: WINTER PARK FL 32789

Title CEO
Name DONOHUE, LILLY
Address 480 NORTH ORLANDO AVE.
SUITE 236
City-State-Zip: WINTER PARK FL 32789

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

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

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

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

04/05/2018

Electronic Signature of Signing Officer/Director Detail

Date