

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000005326

Entity Name: HARPO FOUNDATION, INC.**Current Principal Place of Business:**

ARMSTRONG TEASDALE LLP
3250 MARY STREET, SUITE 102 ATTN: ISAAC A SAUFER
COCONUT GROVE, FL 33133

Current Mailing Address:

ARMSTRONG TEASDALE LLP
ATTN: ISAAC SAUFER, 7 TIMES SQUARE 44TH FLOOR
NEW YORK, NY 10036-6508 US

FEI Number: 20-4926823**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**

SAUFER, ISAAC A.
ARMSTRONG TEASDALE LLP
3250 MARY STREET, SUITE 102 ATTN: ISAAC A SAUFER
COCONUT GROVE, FL 33133 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: ISAAC A. SAUFER

01/09/2023

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name LEVINE, JEREMY
Address 5212 DAHLIA DRIVE
City-State-Zip: LOS ANGELES CA 90041-2247

Title DIRECTOR
Name LEVINE, ADAM
Address 6069 SEWARD PARK AVENUE SOUTH
City-State-Zip: SEATTLE WA 98118-3052

Title SECRETARY
Name SAUFER, ISAAC A
Address ARMSTRONG TEASDALE LLP
ATTN: ISAAC SAUFER, 7 TIMES
SQUARE 44TH FLOOR
City-State-Zip: NEW YORK NY 10036-6508

Title TREASURER
Name CARABALLO, SUSAN
Address 511 NW 59TH CT
City-State-Zip: MIAMI FL 33126

Title CHAIRMAN
Name GEORGIA, OLIVIA
Address ONE NORTHSIDE PIERS, 21D
City-State-Zip: BROOKLYN NY 11249

Title EXECUTIVE DIRECTOR
Name DEAMER, JULIE
Address 2109 BONNIE BRAE AVENUE
City-State-Zip: LAS VEGAS NV 89102

Title VC
Name OSTRUM, MEG
Address 210 PORTAL RD
City-State-Zip: MONTPELIER VT 05602

Title DIRECTOR
Name GREENFIELD, MARK STEVEN
Address 1822 LA PAZ ROAD
City-State-Zip: ALTADENA CA 91001

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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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JULIE DEAMER

EXECUTIVE DIRECTOR

01/09/2023

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name LEACH, MARK
Address 529 STANHOPE LANE
City-State-Zip: MATTHEWS NC 28105

Title DIRECTOR
Name TSOUHLARAKIS, ANNA
Address 4857 DAKOTA BLVD
City-State-Zip: BOULDER CO 80304