

**2020 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M12000006574

**Entity Name:** HSF AFFILIATES LLC**Current Principal Place of Business:**18500 VON KARMAN AVENUE  
SUITE 400  
IRVINE, CA 92612**Current Mailing Address:**ATTN: LEGAL DEPARTMENT  
333 SOUTH 7TH STREET 27TH FLOOR  
MINNEAPOLIS, MN 55402 US**FEI Number:** 06-1547591**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 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**Authorized Person(s) Detail :**

Title	MGRM
Name	HS FRANCHISE HOLDING, LLC
Address	333 SOUTH 7TH STREET, 27TH FLOOR
City-State-Zip:	MINNEAPOLIS MN 55402
Title	CFO
Name	LADD, STEVEN
Address	18500 VON KARMAN AVENUE, SUITE 400
City-State-Zip:	IRVINE CA 92612
Title	VP, & CORPORATE COUNSEL
Name	BEARD, DAVID S
Address	18500 VON KARMAN AVENUE, SUITE 400
City-State-Zip:	IRVINE CA 92612

Title	SECRETARY
Name	BROWNE, MICHAEL T.
Address	333 SOUTH SEVENTH STREET 2700
City-State-Zip:	MINNEAPOLIS MN 55402
Title	CEO
Name	STUART, CHRISTOPHER
Address	18500 VON KARMAN AVENUE, SUITE 400
City-State-Zip:	IRVINE CA 92612

*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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** MICHAEL T. BROWNE

SECRETARY

04/16/2020

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail\_\_\_\_\_  
Date