

2019 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:**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**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	PETERSON, BRIAN K
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

04/15/2019

Electronic Signature of Signing Authorized Person(s) Detail_____
Date