

**2022 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M15000001922

**Entity Name:** SIMPLER NORTH AMERICA, LLC**Current Principal Place of Business:**ONE NEW ORCHARD ROAD  
ARMONK, NY 10504**Current Mailing Address:**ATTN: SIRI KITTIKOUNE, 17824 DURRANGO CT.  
CHARLOTTE, NC 28278 US**FEI Number:** 46-5500172**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 VP, TAX  
Name BARBOSSA, MICHAEL  
Address ONE NEW ORCHARD ROAD  
City-State-Zip: ARMONK NY 10504

Title ASSISTANT TREASURER  
Name HOBBER, MARK  
Address ONE NORTH CASTLE DRIVE  
City-State-Zip: ARMONK NY 10504

Title TREASURER  
Name MAXWELL, PENELOPE  
Address ONE NEW ORCHARD ROAD  
City-State-Zip: ARMONK NY 10504

Title ASSISTANT SECRETARY  
Name JOHNSON, NANCY A.  
Address 71 S. WACKER DRIVE, 7TH FLOOR  
City-State-Zip: CHICAGO IL 60606

Title SECRETARY  
Name MCMINN, PAMELA  
Address ONE NEW ORCHARD ROAD  
City-State-Zip: ARMONK NY 10504

Title CEO AND MANAGER  
Name SIMON, BEAUMONT J.  
Address ONE NEW ORCHARD ROAD  
City-State-Zip: ARMONK NY 10504

*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:** PAMELA MCMINN**SECRETARY****04/18/2022**

Electronic Signature of Signing Authorized Person(s) Detail

Date