

**2022 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M18000005018

**Entity Name:** HSV I, LLC

**Current Principal Place of Business:**

4001 LEADENHALL ROAD  
MT LAUREL, NJ 08054

**Current Mailing Address:**

4001 LEADENHALL ROAD  
MT LAUREL, NJ 08054 US

**FEI Number:** 30-1070871

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 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           MANAGER  
Name           WELLS, JAMES RUSSELL  
Address        4001 LEADENHALL ROAD  
City-State-Zip: MT LAUREL NJ 08054

Title           MANAGER  
Name           BATES, BRIAN R  
Address        4001 LEADENHALL ROAD  
City-State-Zip: MT LAUREL NJ 08054

Title           MANAGER  
Name           SWAMY, NAVDEEP N  
Address        4001 LEADENHALL ROAD  
City-State-Zip: MT LAUREL NJ 08054

Title           MANAGER  
Name           ORTELL, CARL A  
Address        4001 LEADENHALL ROAD  
City-State-Zip: MT LAUREL NJ 08054

Title           MANAGER  
Name           MULLIN, KATHERINE A  
Address        4001 LEADENHALL ROAD  
City-State-Zip: MT LAUREL NJ 08054

Title           MANAGER  
Name           HOLMAN, MELINDA K  
Address        4001 LEADENHALL ROAD  
City-State-Zip: MT LAUREL NJ 08054

Title           MANAGER  
Name           CARISS, WILLIAM J  
Address        4001 LEADENHALL ROAD  
City-State-Zip: MT LAUREL NJ 08054

Title           MANAGER  
Name           HURREN, CHRISTOPHER S  
Address        4001 LEADENHALL ROAD  
City-State-Zip: MT LAUREL NJ 08054

**Continues on page 2**

*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:** KATHERINE A. MULLIN

**MANAGER**

**04/25/2022**

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

\_\_\_\_\_  
Date

**Authorized Person(s) Detail Continued :**

Title           MANAGER  
Name           CANDELORO, ANTHONY J  
Address        244 E KINGS HIGHWAY  
City-State-Zip: MAPLE SHADE NJ 08052

Title           MANAGER  
Name           HORWITH, BRIAN K  
Address        4001 LEADENHALL ROAD  
City-State-Zip: MT LAUREL NJ 08054