

2024 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 MULLIN, KATHERINE A.
Address 4001 LEADENHALL ROAD
City-State-Zip: MT LAUREL NJ 08054

Title MANAGER
Name CONROY, CHRISTOPHER G.
Address 4001 LEADENHALL ROAD
City-State-Zip: MT LAUREL NJ 08054

Title MANAGER
Name DAGLIAN, ROBERT W.
Address 677 LIPPINCOTT AVENUE,
City-State-Zip: MOORESTOWN NJ 08057

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

Title MANAGER
Name RUSSELL WELLS, JAMES
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

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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 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

02/26/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued :

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