

**2019 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 R  
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

01/16/2019

\_\_\_\_\_ 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