

**2024 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M23000011010

**Entity Name:** HUSPP 301 LOGISTICS LLC

**Current Principal Place of Business:**

845 TEXAS AVENUE  
SUITE 3300  
HOUSTON, TX 77002

**Current Mailing Address:**

845 TEXAS AVENUE  
SUITE 3300  
HOUSTON, TX 77002 US

**FEI Number:** 93-2999943

**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 SENIOR VICE PRESIDENT  
Name COVINGTON, DAVID  
Address 845 TEXAS AVENUE  
SUITE 3300  
City-State-Zip: HOUSTON TX 77002

Title SENIOR MANAGING DIRECTOR  
Name HARRISON, JOHN  
Address 845 TEXAS AVENUE  
SUITE 3300  
City-State-Zip: HOUSTON TX 77002

Title VP  
Name FOLKERTS, JEFF  
Address 845 TEXAS AVENUE  
SUITE 3300  
City-State-Zip: HOUSTON TX 77002

Title SENIOR MANAGING DIRECTOR  
Name HARRISON, MICHAEL  
Address 845 TEXAS AVENUE  
SUITE 3300  
City-State-Zip: HOUSTON TX 77002

Title SENIOR MANAGING DIRECTOR  
Name KERR, TORI  
Address 845 TEXAS AVENUE  
SUITE 3300  
City-State-Zip: HOUSTON TX 77002

Title MANAGING DIRECTOR  
Name WOOD, RYAN  
Address 845 TEXAS AVENUE  
SUITE 3300  
City-State-Zip: HOUSTON TX 77002

Title DIRECTOR  
Name ALTARE-LEMUS, ROSEMARY V  
Address 845 TEXAS AVENUE  
SUITE 3300  
City-State-Zip: HOUSTON TX 77002

Title AUTHORIZED PERSON  
Name LUTHMAN, STEVE  
Address 845 TEXAS AVENUE  
SUITE 3300  
City-State-Zip: HOUSTON TX 77002

**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:** LISA METTS

**AUTHORIZED PERSON**

**04/30/2024**

Electronic Signature of Signing Authorized Person(s) Detail

Date

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

Title AUTHORIZED PERSON  
Name MCCORD, EVAN  
Address 845 TEXAS AVENUE  
SUITE 3300  
City-State-Zip: HOUSTON TX 77002

Title AUTHORIZED PERSON  
Name METTS, LISA  
Address 845 TEXAS AVENUE  
SUITE 3300  
City-State-Zip: HOUSTON TX 77002