

2020 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000002050

Entity Name: TNTP (DELAWARE), INC.**Current Principal Place of Business:**500 SEVENTH AVENUE
8TH FLOOR
NEW YORK, NY 10018**Current Mailing Address:**500 SEVENTH AVENUE
8TH FLOOR
NEW YORK, NY 10018 US**FEI Number:** 13-3850158**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

Officer/Director Detail :

Title DIRECTOR
Name GLICKMAN, MATT
Address 500 SEVENTH AVENUE
8TH FLOOR
City-State-Zip: NEW YORK NY 10018

Title DIRECTOR
Name AVILA, LUIS
Address 500 SEVENTH AVENUE
8TH FLOOR
City-State-Zip: NEW YORK NY 10018

Title DIRECTOR
Name BIERLY, CHRIS
Address 500 SEVENTH AVENUE
8TH FLOOR
City-State-Zip: NEW YORK NY 10018

Title DIRECTOR
Name HOWE, DAVID
Address 500 SEVENTH AVENUE
8TH FLOOR
City-State-Zip: NEW YORK NY 10018

Title CEO, DIRECTOR
Name WEISBERG, DANIEL
Address 500 SEVENTH AVENUE
8TH FLOOR
City-State-Zip: NEW YORK NY 10018

Title DIRECTOR
Name PASTOREK, PAUL
Address 500 SEVENTH AVENUE
8TH FLOOR
City-State-Zip: NEW YORK NY 10018

Title DIRECTOR
Name TUHY, JENNIFER
Address 500 SEVENTH AVENUE
8TH FLOOR
City-State-Zip: NEW YORK NY 10018

Title SECRETARY, GENERAL COUNSEL
Name CHAPIN, FLORENCE
Address 500 SEVENTH AVENUE
8TH FLOOR
City-State-Zip: NEW YORK NY 10018

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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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: FLORENCE CHAPIN**SECRETARY****01/06/2020**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name POMPA, DELIA
Address 500 SEVENTH AVENUE
8TH FLOOR
City-State-Zip: NEW YORK NY 10018

Title ASST. SECRETARY, CONTROLLER
Name HOLCZER, LEAH
Address 500 SEVENTH AVENUE
8TH FLOOR
City-State-Zip: NEW YORK NY 10018

Title EXECUTIVE VICE PRESIDENT
Name HORTON, TONYA
Address 500 SEVENTH AVENUE
8TH FLOOR
City-State-Zip: NEW YORK NY 10018

Title DIRECTOR
Name TURELL, DIANE
Address 500 SEVENTH AVENUE
8TH FLOOR
City-State-Zip: NEW YORK NY 10018

Title DIRECTOR
Name FERNANDEZ, TINA
Address 500 SEVENTH AVENUE
8TH FLOOR
City-State-Zip: NEW YORK NY 10018