

**2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F03000003913

**Entity Name:** SHARKNINJA MANAGEMENT COMPANY

**Current Principal Place of Business:**

180 WELLS AVE  
SUITE 200  
NEWTON, MA 02459

**Current Mailing Address:**

180 WELLS AVE  
SUITE 200  
NEWTON, MA 02459 US

**FEI Number:** 38-3685665

**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

**Officer/Director Detail :**

Title            PRESIDENT  
Name            BARROCAS, MARK  
Address        180 WELLS AVE  
                 SUITE 200  
City-State-Zip: NEWTON MA 02459

Title            TREASURER  
Name            LAGARTO, BRIAN  
Address        180 WELLS AVE  
                 SUITE 200  
City-State-Zip: NEWTON MA 02459

Title            SECRETARY  
Name            MCCABE, JENNIFER  
Address        180 WELLS AVE  
                 SUITE 200  
City-State-Zip: NEWTON MA 02459

Title            DIRECTOR  
Name            ROSENZWEIG, MARK  
Address        180 WELLS AVE  
                 SUITE 200  
City-State-Zip: NEWTON MA 02459

*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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** BRIAN LAGARTO

**TREASURER**

**04/01/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date