

2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F09000003494

Entity Name: HARMAN CONNECTED SERVICES, INC.**Current Principal Place of Business:**445 INDIO WAY
SUNNYVALE, CA 94085**Current Mailing Address:**445 INDIO WAY
SUNNYVALE, CA 94085 US**FEI Number:** 32-0016942**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CT 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 CFO
Name HARTJE, MARK
Address 400 ATLANTIC STREET
15TH FLOOR
City-State-Zip: STAMFORD CT 06901

Title VICE PRESIDENT - TAX
Name CONNOR, CHARLES
Address 445 INDIO WAY
City-State-Zip: SUNNYVALE CA 94085

Title VICE PRESIDENT - REAL ESTATE
Name SIMON, CHET
Address 445 INDIO WAY
City-State-Zip: SUNNYVALE CA 94085

Title VP
Name KHEMKA, VIVEK
Address 445 INDIO WAY
City-State-Zip: SUNNYVALE CA 94085

Title TREASURER
Name SINGH, REVANT
Address 445 INDIO WAY
City-State-Zip: SUNNYVALE CA 94085

Title PRESIDENT
Name PARROTTA, NICHOLAS
Address 445 INDIO WAY
City-State-Zip: SUNNYVALE CA 94085

Title VP
Name OWENS, DAVID
Address 445 INDIO WAY
City-State-Zip: SUNNYVALE CA 94085

Title DIRECTOR
Name LAMPMAN, LORI
Address 445 INDIO WAY
City-State-Zip: SUNNYVALE CA 94085

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

SIGNATURE: TAMIKA A. FRIMPONG**SECRETARY****05/02/2024**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name FRIMPONG, TAMIKA A.
Address 445 INDIO WAY
City-State-Zip: SUNNYVALE CA 94085

Title VP
Name FRIMPONG, TAMIKA A.
Address 445 INDIO WAY
City-State-Zip: SUNNYVALE CA 94085

Title SECRETARY
Name FRIMPONG, TAMIKA A.
Address 445 INDIO WAY
City-State-Zip: SUNNYVALE CA 94085

Title ASSISTANT SECRETARY
Name KIM, HAYOUNG
Address 445 INDIO WAY
City-State-Zip: SUNNYVALE CA 94085