

2021 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F09000003494

Entity Name: HARMAN CONNECTED SERVICES, INC.**Current Principal Place of Business:**636 ELLIS STREE
MOUNTAIN VIEW, CA 94043**Current Mailing Address:**636 ELLIS STREE
MOUNTAIN VIEW, CA 94043 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 PRESIDENT
Name SLUMP, DAVID
Address 400 ATLANTIC STREET
City-State-Zip: STAMFORD CT 06901Title DIRECTOR
Name STACEY, JOHN
Address 400 ATLANTIC STREET
City-State-Zip: STAMFORD CT 06901Title CHIEF FINANCIAL OFFICER
Name HARTJE, MARK
Address 400 ATLANTIC STREET
 SUITE 1500
City-State-Zip: STAMFORD CT 06901Title TREASURER
Name STACK, TERENCE
Address 400 ATLANTIC STREET
 15TH FLOOR
City-State-Zip: STAMFORD CT 06901Title SECRETARY, VP, DIRECCTOR
Name TAIGMAN, MICHELLE
Address 400 ATLANTIC STREET, 15TH FLOOR
City-State-Zip: STAMFORD CT 06901

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: MICHELLE TAIGMAN**SECRETARY****05/01/2021**_____
Electronic Signature of Signing Officer/Director Detail_____
Date