

2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F13000003709

Entity Name: TAKE - TWO INTERACTIVE SOFTWARE, INC.**Current Principal Place of Business:**110 WEST 44TH STREET
NEW YORK, NY 10036**Current Mailing Address:**110 WEST 44TH STREET
NEW YORK, NY 10036 US**FEI Number:** NOT APPLICABLE**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 DORNEMANN, MICHAEL
Address 110 WEST 44TH STREET
City-State-Zip: NEW YORK NY 10036

Title DIRECTOR
Name SHERESKY, MICHAEL
Address 110 WEST 44TH STREET
City-State-Zip: NEW YORK NY 10036

Title PRESIDENT
Name SLATOFF, KARL
Address 110 WEST 44TH STREET
City-State-Zip: NEW YORK NY 10036

Title DIRECTOR
Name MOSES, JON J.
Address 110 WEST 44TH STREET
City-State-Zip: NEW YORK NY 10036

Title SECRETARY, SVP, DEPUTY GENERAL COUNSEL
Name BREITMAN, MATTHEW
Address 110 WEST 44TH STREET
City-State-Zip: NEW YORK NY 10036

Title CFO
Name GOLDSTEIN, LAINIE
Address 110 WEST 44TH STREET
City-State-Zip: NEW YORK NY 10036

Title DIRECTOR
Name TOLSON, SUSAN
Address 110 WEST 44TH STREET
City-State-Zip: NEW YORK NY 10036

Title DIRECTOR
Name SRINIVASAN, LAVERNE
Address 110 WEST 44TH STREET
City-State-Zip: NEW YORK NY 10036

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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: MATTHEW BREITMAN**SECRETARY****01/27/2020**_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title CEO, DIRECTOR, CHAIRMAN
Name ZELNICK, STRAUSS
Address 110 WEST 44TH STREET
City-State-Zip: NEW YORK NY 10036

Title DIRECTOR
Name VIERA, PAUL
Address 110 WEST 44TH STREET
City-State-Zip: NEW YORK NY 10036