

2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F16000005606

Entity Name: TOPPS VAULT, INC.**Current Principal Place of Business:**TOPPS VAULT, INC./O THE TOPPS COMPANY, INC
ONE WHITEHALL STREET 5TH FLOOR LEGAL
NEW YORK, NY 10004-2109**Current Mailing Address:**TOPPS VAULT, INC./O THE TOPPS COMPANY, INC
ONE WHITEHALL STREET 5TH FLOOR LEGAL
NEW YORK, NY 10004-2109 US**FEI Number:** 13-4182893**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	C,VP,S
Name	THALER, JASON
Address	ONE WHITEHALL STREET 5TH FLOOR LEGAL
City-State-Zip:	NEW YORK NY 10004-2109

Title	D, TREASURER
Name	CARUS, DANIEL
Address	ONE WHITEHALL STREET 5TH FLOOR LEGAL
City-State-Zip:	NEW YORK NY 10004-2109

Title	P
Name	BRANDSTADTER, MICHAEL
Address	ONE WHITEHALL STREET 5TH FLOOR LEGAL
City-State-Zip:	NEW YORK NY 10004-2109

Title	CFO
Name	MUELLER, JOHN P
Address	ONE WHITEHALL STREET 5TH FLOOR LEGAL
City-State-Zip:	NEW YORK NY 10004-2109

Title	AUTHORIZED REPRESENTATIVE
Name	NELSON, CHRISTOPHER
Address	TOPPS VAULT, INC./O THE TOPPS COMPANY, INC ONE WHITEHALL STREET 5TH FLOOR LEGAL
City-State-Zip:	NEW YORK NY 10004-2109

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: CHRISTOPHER NELSON**AUTHORIZED
REPRESENTATIVE****04/01/2017**_____
Electronic Signature of Signing Officer/Director Detail_____
Date