

**2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F17000000478

**FILED**  
**Jan 11, 2024**  
**Secretary of State**  
**5312900031CC**

**Entity Name:** HI TECHNOLOGY CORP

**Current Principal Place of Business:**

250 WILLIAMS STREET NW  
SUITE 5-2002  
ATLANTA, GA 30303

**Current Mailing Address:**

250 WILLIAMS STREET NW  
SUITE 5-2002  
ATLANTA, GA 30303 US

**FEI Number:** 54-2081591

**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 D, CEO  
Name SMITH, M. BROOKS  
Address 250 WILLIAMS STREET NW  
SUITE 5-2002  
City-State-Zip: ATLANTA GA 30303

Title D, P  
Name HAPP, STEFAN  
Address 250 WILLIAMS STREET NW  
SUITE 5-2002  
City-State-Zip: ATLANTA GA 30303

Title D, S  
Name GRUENHUT, MICHAEL D.  
Address 250 WILLIAMS STREET NW  
SUITE 5-2002  
City-State-Zip: ATLANTA GA 30303

Title D  
Name PARLOTTO, BRIAN  
Address 250 WILLIAMS STREET NW  
SUITE 5-2002  
City-State-Zip: ATLANTA GA 30303

Title D  
Name SPIEGEL, THOMAS  
Address 250 WILLIAMS STREET NW  
SUITE 5-2002  
City-State-Zip: ATLANTA GA 30303

Title D  
Name HIRSCH, TODD  
Address 250 WILLIAMS STREET NW  
SUITE 5-2002  
City-State-Zip: ATLANTA GA 30303

Title D  
Name HOLT, MARK  
Address 250 WILLIAMS STREET NW  
SUITE 5-2002  
City-State-Zip: ATLANTA GA 30303

Title D  
Name PINATARO, ROB  
Address 250 WILLIAMS STREET NW  
SUITE 5-2002  
City-State-Zip: ATLANTA GA 30303

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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:** MICHAEL D. GRUENHUT

**D, S**

**01/11/2024**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title CFO  
Name BELMONTE, LARRY  
Address 250 WILLIAMS STREET NW  
SUITE 5-2002  
City-State-Zip: ATLANTA GA 30303

Title T  
Name GRANATO, STEPHANIE  
Address 250 WILLIAMS STREET NW  
SUITE 5-2002  
City-State-Zip: ATLANTA GA 30303