2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F17000002623

Entity Name: EBAGS, INC.

Current Principal Place of Business:

5500 GREENWOOD PLAZA BLVD, SUITE 160 GREENWOOD VILLAGE, CO 80111

Current Mailing Address:

5500 GREENWOOD PLAZA BLVD, SUITE 160 GREENWOOD VILLAGE, CO 80111 US

FEI Number: 84-1455381

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 US Certificate of Status Desired: No

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

Officer/Director Detail :

| Title | CFO, TREASURER | Title | PRESIDENT | | |
|-----------------|---|-----------------|---|--|--|
| Name | TALEGHANI, REZA | Name | BERARD, LYNNE | | |
| Address | 575 WEST STREET, SUITE 110 | Address | 575 WEST STREET, SUITE 110 | | |
| City-State-Zip: | MANSFIELD MA 02038 | City-State-Zip: | MANSFIELD MA 02038 | | |
| Title | VPS | Title | VP | | |
| Name | LIVINGSTON, JOHN | Name | WALDEN, DON | | |
| Address | 575 WEST STREET, SUITE 110 | Address | 575 WEST STREET, SUITE 110 | | |
| City-State-Zip: | MANSFIELD MA 02038 | City-State-Zip: | MANSFIELD MA 02038 | | |
| Title | VP | Title | VP | | |
| Name | SEAHORN, CHRIS | Name | MULLINS, JOHN | | |
| Address | 5500 GREENWOOD PLAZA BLVD, SUITE 160 | Address | 5500 GREENWOOD PLAZA BLVD, SUITE 160 | | |
| City-State-Zip: | GREENWOOD VILLAGE CO 80111 | City-State-Zip: | GREENWOOD VILLAGE CO 80111 | | |
| Title | VP | Title | ASST. SECRETARY | | |
| Name | FRAZZINI, MIKE | Name | LAMB, RICHARD ANDREW | | |
| Address | 5500 GREENWOOD PLAZA BLVD, SUITE 160 | Address | 5500 GREENWOOD PLAZA BLVD, SUITE 160 | | |
| City-State-Zip: | GREENWOOD VILLAGE CO 80111 | City-State-Zip: | GREENWOOD VILLAGE CO 80111 | | |
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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: JOHN B LIVINGSTON

SECRETARY

01/15/2020

Electronic Signature of Signing Officer/Director Detail

FILED Jan 15, 2020 Secretary of State 4452492720CC

Date

Officer/Director Detail Continued :

| Title | AT | Title | AS |
|-----------------|---|-----------------|----------------------------|
| Name | MCBAIN, BILL | Name | GERDONEY, MICHELLE |
| Address | 575 WEST STREET, SUITE 110 | Address | 575 WEST STREET, SUITE 110 |
| City-State-Zip: | MANSFIELD MA 02038 | City-State-Zip: | MANFIELD MA 02038 |
| | | | |
| Title | ASST. SECRETARY | | |
| | | | |
| Name | BERNARD, ANNE LAURE | | |
| Name Address | BERNARD, ANNE LAURE 5500 GREENWOOD PLAZA BLVD, SUITE 160 | | |