

**2019 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

Certificate of Status Desired: No

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

**FILED**  
**Feb 11, 2019**  
**Secretary of State**  
**6522953743CC**

*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 CFO, TREASURER  
Name TALEGHANI, REZA  
Address 575 WEST STREET, SUITE 110  
City-State-Zip: MANSFIELD MA 02038

Title PRESIDENT  
Name BERARD, LYNNE  
Address 575 WEST STREET, SUITE 110  
City-State-Zip: MANSFIELD MA 02038

Title VPS  
Name LIVINGSTON, JOHN  
Address 575 WEST STREET, SUITE 110  
City-State-Zip: MANSFIELD MA 02038

Title VP  
Name WALDEN, DON  
Address 575 WEST STREET, SUITE 110  
City-State-Zip: MANSFIELD MA 02038

Title VP  
Name SEAHORN, CHRIS  
Address 5500 GREENWOOD PLAZA BLVD,  
SUITE 160  
City-State-Zip: GREENWOOD VILLAGE CO 80111

Title VP  
Name MULLINS, JOHN  
Address 5500 GREENWOOD PLAZA BLVD,  
SUITE 160  
City-State-Zip: GREENWOOD VILLAGE CO 80111

Title VP  
Name FRAZZINI, MIKE  
Address 5500 GREENWOOD PLAZA BLVD,  
SUITE 160  
City-State-Zip: GREENWOOD VILLAGE CO 80111

Title VP  
Name HOGAN, DAN  
Address 5500 GREENWOOD PLAZA BLVD,  
SUITE 160  
City-State-Zip: GREENWOOD VILLAGE CO 80111

**Continues on page 2**

*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

02/11/2019

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

\_\_\_\_\_ Date

**Officer/Director Detail Continued :**

Title AT  
Name MCBAIN, BILL  
Address 575 WEST STREET, SUITE 110  
City-State-Zip: MANSFIELD MA 02038

Title AS  
Name GERDONEY, MICHELLE  
Address 575 WEST STREET, SUITE 110  
City-State-Zip: MANFIELD MA 02038