

**2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F17000003611

**Entity Name:** HAMILTON LANE INCORPORATED**Current Principal Place of Business:**110 WASHINGTON STREET  
SUITE 1300  
CONSHOHOCKEN, PA 19428**Current Mailing Address:**110 WASHINGTON STREET  
SUITE 1300  
CONSHOHOCKEN, PA 19428 US**FEI Number:** 26-2482738**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 AND CO-CHAIRMAN  
Name ROGERS, HARTLEY  
Address 110 WASHINGTON STREET  
SUITE 1300  
City-State-Zip: CONSHOHOCKEN PA 19428

Title DIRECTOR AND CO-CEO  
Name HIRSCH, ERIK R  
Address 110 WASHINGTON STREET  
SUITE 1300  
City-State-Zip: CONSHOHOCKEN PA 19428

Title DIRECTOR  
Name SEXTON, O. GRIFFITH  
Address 110 WASHINGTON STREET  
SUITE 1300  
City-State-Zip: CONSHOHOCKEN PA 19428

Title DIRECTOR AND CO-CHAIRMAN  
Name GIANNINI, MARIO  
Address 110 WASHINGTON STREET  
SUITE 1300  
City-State-Zip: CONSHOHOCKEN PA 19428

Title DIRECTOR  
Name VARON, LESLIE F  
Address 110 WASHINGTON STREET  
SUITE 1300  
City-State-Zip: CONSHOHOCKEN PA 19428

Title DIRECTOR  
Name BERKMAN, DAVID J  
Address 110 WASHINGTON STREET  
SUITE 1300  
City-State-Zip: CONSHOHOCKEN PA 19428

Title CFO  
Name ARMBRISTER, JEFFREY  
Address 110 WASHINGTON STREET  
SUITE 1300  
City-State-Zip: CONSHOHOCKEN PA 19428

Title SECRETARY, GENERAL COUNSEL  
Name GAVALIS, LYDIA A  
Address 110 WASHINGTON STREET  
SUITE 1300  
City-State-Zip: CONSHOHOCKEN PA 19428

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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:** JEFFREY ARMBRISTER

CFO

01/31/2024

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

**Officer/Director Detail Continued :**

Title                   DIRECTOR  
Name                 GRAVES, R. VANN  
Address             110 WASHINGTON STREET  
                          SUITE 1300  
City-State-Zip:    CONSHOHOCKEN PA 19428

Title                   DIRECTOR AND CO-CEO  
Name                 DELGADO-MOREIRA, JUAN  
Address             110 WASHINGTON STREET, SUITE  
                          1300  
City-State-Zip:    CONSHOHOCKEN PA 19428