## **2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F17000005567

Entity Name: HC2 NETWORK INC.

**Current Principal Place of Business:** 

450 PARK AVENUE, 30TH FLOOR 450 PARK AVENUE

NEW YORK, NY 10022

**Current Mailing Address:** 

450 PARK AVENUE, 30TH FLOOR **450 PARK AVENUE** NEW YORK, NY 10022 US

FEI Number: 82-3420217 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

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:

Name

City-State-Zip:

Electronic Signature of Registered Agent

Date

**FILED** May 27, 2020

**Secretary of State** 

7760440411CC

Officer/Director Detail:

Title COO Title ASSISTANT SECRETARY

Name TURNER, HENRY Name ROULEAU, JEANNE E.

Address 450 PARK AVENUE, 30TH FLOOR Address 450 PARK AVENUE, 30TH FLOOR

450 PARK AVENUE **450 PARK AVENUE** 

NEW YORK NY 10022 NEW YORK NY 10022 City-State-Zip: City-State-Zip:

Title **SECRETARY** Title CFO

HANSON, REBECCA MINKOV, IVAN P. Name Name

450 PARK AVENUE, 30TH FLOOR 450 PARK AVENUE, 30TH FLOOR Address Address

450 PARK AVENUE **450 PARK AVENUE** 

NEW YORK NY 10022 City-State-Zip: City-State-Zip: NEW YORK NY 10022

Title CEO Title **EXECUTIVE CHAIRMAN** 

FALCONE, PHILIP A. FALCONE, PHILIP A. 450 PARK AVENUE.30TH FLOOR 450 PARK AVENUE.30TH FLOOR Address Address

> 450 PARK AVENUE 450 PARK AVENUE

Name

City-State-Zip: NEW YORK NY 10022 City-State-Zip: NEW YORK NY 10022

Title **DIRECTOR** Title **PRESIDENT** 

FALCONE, PHILIP A. Name SENA, MICHAEL J. Name

450 PARK AVENUE, 30TH FLOOR 450 PARK AVENUE.30TH FLOOR Address Address

> 450 PARK AVENUE 450 PARK AVENUE

NEW YORK NY 10022 City-State-Zip: NEW YORK NY 10022

## 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.

05/27/2020 **CFO** SIGNATURE: IVAN P. MINKOV

Electronic Signature of Signing Officer/Director Detail

Date

## Officer/Director Detail Continued:

Title DIRECTOR

Name FALCONE, PHILIP A.

Address 450 PARK AVENUE, 30TH FLOOR

450 PARK AVENUE

City-State-Zip: NEW YORK NY 10022