

**2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F18000000710

**Entity Name:** HC2 STATION GROUP, INC.

**Current Principal Place of Business:**

450 PARK AVENUE  
30TH FLOOR  
NEW YORK, NY 10022

**FILED**  
**Mar 19, 2019**  
**Secretary of State**  
**5608084866CC**

**Current Mailing Address:**

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

**FEI Number: 82-3010761**

**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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title ASSISTANT SECRETARY  
Name ROULEAU, JEANNE E.  
Address 450 PARK AVENUE  
30TH FLOOR  
City-State-Zip: NEW YORK NY 10022

Title SECRETARY  
Name HANSON, REBECCA  
Address 450 PARK AVENUE  
30TH FLOOR  
City-State-Zip: NEW YORK NY 10022

Title CFO  
Name MINKOV, IVAN P.  
Address 450 PARK AVENUE  
30TH FLOOR  
City-State-Zip: NEW YORK NY 10022

Title DIRECTOR  
Name SENA, MICHAEL J.  
Address 450 PARK AVENUE  
30TH FLOOR  
City-State-Zip: NEW YORK NY 10022

Title DIRECTOR/PRESIDENT  
Name FALCONE, PHILIP A.  
Address 450 PARK AVENUE  
30TH FLOOR  
City-State-Zip: NEW YORK NY 10022

*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: JEANNE E. ROULEAU**

**ASSISTANT SECRETARY 03/19/2019**

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

\_\_\_\_\_  
Date