

**2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F18000002123

**Entity Name:** USR PARENT INC.**Current Principal Place of Business:**500 STAPLES DRIVE  
FRAMINGHAM, MA 01702**Current Mailing Address:**500 STAPLES DRIVE  
FRAMINGHAM, MA 01702 US**FEI Number:** 82-1997669**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 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            PRESIDENT, DIRECTOR  
Name            MOTZ, MICHAEL  
Address        500 STAPLES DRIVE  
City-State-Zip: FRAMINGHAM MA 01702

Title            TREASURER  
Name            BROWN, JEFFREY  
Address        500 STAPLES DRIVE  
City-State-Zip: FRAMINGHAM MA 01702

Title            DIRECTOR  
Name            SCHIPANI, RALPH  
Address        500 STAPLES DRIVE  
City-State-Zip: FRAMINGHAM MA 01702

Title            DIRECTOR  
Name            KALUZYNY, STEFAN  
Address        500 STAPLES DRIVE  
City-State-Zip: FRAMINGHAM MA 01702

Title            SECRETARY, SVP GENERAL  
                    COUNSEL  
Name            ELLIS, JASON  
Address        500 STAPLES DRIVE  
City-State-Zip: FRAMINGHAM MA 01702

Title            ASST. SECRETARY  
Name            GONZALEZ, CRISTINA  
Address        500 STAPLES DRIVE  
City-State-Zip: FRAMINGHAM MA 01702

Title            DIRECTOR  
Name            LEDERER, JOHN A  
Address        500 STAPLES DRIVE  
City-State-Zip: FRAMINGHAM MA 01702

*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:** CRISTINA GONZALEZ**ASSISTANT SECRETARY    03/07/2024**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date