

**2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F19000001938

**Entity Name:** MAHLER-BESSE, INC.

**Current Principal Place of Business:**

69 CHARLTON STREET  
NEW YORK, NY 10014

**Current Mailing Address:**

185 ALEWIFE BROOK PARKWAY  
SUITE 210  
CAMBRIDGE, MA 02138 US

**FEI Number:** 47-1096234

**Certificate of Status Desired:** No

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

CT 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            PRESIDENT, CEO, DIRECTOR  
Name            HEDEGAARD, NICOLAI  
Address        69 CHARLTON STREET  
City-State-Zip: NEW YORK NY 10014

Title            SECRETARY  
Name            MANTEAU, PHILIPPE C.M.  
Address        69 CHARLTON STREET  
City-State-Zip: NEW YORK NY 10014

Title            TREASURER  
Name            CARRAU, LAURENT  
Address        69 CHARLTON STREET  
City-State-Zip: NEW YORK NY 10014

Title            ASSISTANT SECRETARY  
Name            SUHAS, ALEXANDRA  
Address        185 ALEWIFE BROOK PARKWAY  
                 SUITE 210  
City-State-Zip: CAMBRIDGE MA 02138

*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:** NICOLAI HEDEGAARD

**PRESIDENT**

**04/05/2023**

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

\_\_\_\_\_  
Date