

2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F19000004215

Entity Name: THE HERSHEY SALES COMPANY

Current Principal Place of Business:

19 EAST CHOCOLATE AVENUE
HERSHEY, PA 17033

Current Mailing Address:

19 EAST CHOCOLATE AVENUE
HERSHEY, PA 17033 US

FEI Number: 84-2397494

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 D,VP
Name HULAYS, DAVID
Address 19 EAST CHOCOLATE AVENUE
City-State-Zip: HERSHEY PA 17033

Title D, P
Name CREIGHTON, MARLENE
Address 19 EAST CHOCOLATE AVENUE
City-State-Zip: HERSHEY PA 17033

Title DIRECTOR, SECRETARY
Name LACEY, LAUREN
Address 19 EAST CHOCOLATE AVENUE
City-State-Zip: HERSHEY PA 17033

Title TREASURER
Name HUPFELD, BJORK
Address 19 EAST CHOCOLATE AVENUE
City-State-Zip: HERSHEY PA 17033

Title ASSISTANT TREASURER
Name REEVES, MICHAEL D
Address 19 EAST CHOCOLATE AVENUE
City-State-Zip: HERSHEY PA 17033

Title ASSISTANT SECRETARY
Name PURCELL, KATHLEEN S
Address 19 EAST CHOCOLATE AVENUE
City-State-Zip: HERSHEY PA 17033

Title ASSISTANT TREASURER
Name TOMSHECK, RYAN
Address 19 EAST CHOCOLATE AVENUE
City-State-Zip: HERSHEY PA 17033

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: MICHAEL D REEVES

ASSISTANT TREASURER 04/26/2023

Electronic Signature of Signing Officer/Director Detail

Date