

**2021 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F19000005450

**Entity Name:** AMPLIFY SNACK BRANDS, INC.

**Current Principal Place of Business:**

500 WEST 5TH ST, STE. 900  
AUSTIN, TX 78701

**Current Mailing Address:**

500 WEST 5TH ST, STE. 900  
AUSTIN, TX 78701 US

**FEI Number:** 47-1254894

**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:** TRAVIS BOWE

04/30/2021

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT, DIRECTOR  
Name            DE LA BARREDA, HECTOR  
Address        500 WEST 5TH ST, STE. 900  
City-State-Zip: AUSTIN TX 78701

Title            VP, DIRECTOR  
Name            FLECKNEY, GRAEME  
Address        500 WEST 5TH ST, STE. 900  
City-State-Zip: AUSTIN TX 78701

Title            ASST. SECRETARY, DIRECTOR  
Name            PURCELL, KATHLEEN S  
Address        19 EAST CHOCOLATE AVE.  
City-State-Zip: HERSHEY PA 17033

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

Title            ASST. TREASURER  
Name            DELGADO, TED  
Address        500 WEST 5TH ST, STE. 900  
City-State-Zip: AUSTIN TX 78701

Title            ASST. TREASURER  
Name            JUKIC, MISLAV  
Address        19 EAST CHOCOLATE AVE  
City-State-Zip: HERSHEY PA 17033

Title            ASST. TREASURER  
Name            REEVES, MICHAEL D.  
Address        19 E CHOCOLATE AVE  
City-State-Zip: HERSHEY PA 17033

Title            SECRETARY  
Name            TUROFF, JAMES S.  
Address        19 E CHOCOLATE AVE  
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:** TED DELGADO

**CONTROLLER**

04/30/2021

Electronic Signature of Signing Officer/Director Detail

Date