

**2022 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F21000003032

**Entity Name:** NEW TSI ULTIMATE HOLDINGS, INC.

**Current Principal Place of Business:**

100 DUFFY AVENUE 3RD FLOOR  
HICKSVILLE, NY 11801

**Current Mailing Address:**

100 DUFFY AVENUE 3RD FLOOR  
HICKSVILLE, NY 11801

**FEI Number:** 85-3986978

**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 DIRECTOR  
Name RIBOND-SEYDOUX, THOMAS  
Address 853 BROADWAY SUITE 1109  
City-State-Zip: NEW YORK NY 10003

Title DIRECTOR  
Name CLEETON, KYLE  
Address 853 BROADWAY SUITE 1109  
City-State-Zip: NEW YORK NY 10003

Title DIRECTOR  
Name FREMED, JOSHUA  
Address 853 BROADWAY SUITE 1109  
City-State-Zip: NEW YORK NY 10003

Title DIRECTOR  
Name WENK, RYAN  
Address 590 MADISON AVENUE  
City-State-Zip: NEW YORK NY 10002

Title SECRETARY, GENERAL COUNSEL  
Name STEINBERG, STUART  
Address 2 RODEO DRIVE  
City-State-Zip: EDGEWOOD NY 11717

Title CFO  
Name AJMERA, NITIN  
Address 100 DUFFY AVENUE 3RD FLOOR  
City-State-Zip: HICKSVILLE NY 11801

Title CEO  
Name MCFMENAMY, BILL  
Address 100 DUFFY AVENUE 3RD FLOOR  
City-State-Zip: HICKSVILLE NY 11801

*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:** STUART STEINBERG

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08/08/2022

Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_ Date