

2025 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M07000002455

Entity Name: AUTOMOBILI LAMBORGHINI AMERICA, LLC**Current Principal Place of Business:**1950 OPPORTUNITY WAY
SUITE 1500
RESTON, VA 20190**Current Mailing Address:**1950 OPPORTUNITY WAY
SUITE 1500
RESTON, VA 20190 US**FEI Number:** 77-0675294**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 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**Authorized Person(s) Detail :**

Title SECRETARY
Name DUKE, KEVIN
Address 1950 OPPORTUNITY WAY
SUITE 1500
City-State-Zip: RESTON VA 20190

Title SENIOR FINANCIAL MANAGER
Name IPPOLITO, FRANCESCO
Address 1950 OPPORTUNITY WAY
SUITE 1500
City-State-Zip: RESTON VA 20190

Title ASSISTANT SECRETARY, LICENSING
Name DANG, JENNIFER
Address 1950 OPPORTUNITY WAY
SUITE 1500
City-State-Zip: RESTON VA 20190

Title ASSISTANT TREASURER
Name CREEF, LARRY
Address 1950 OPPORTUNITY WAY
SUITE 1500
City-State-Zip: RESTON VA 20190

Title PRESIDENT & CHIEF EXECUTIVE
OFFICER
Name BALDI, ANDREA
Address 1950 OPPORTUNITY WAY
SUITE 1500
City-State-Zip: RESTON VA 20190

Title TREASURER
Name TOLEP, LAWRENCE
Address 1950 OPPORTUNITY WAY
SUITE 1500
City-State-Zip: RESTON VA 20190

Title ASSISTANT SECRETARY
Name KIM, JENNY
Address 1950 OPPORTUNITY WAY
SUITE 1500
City-State-Zip: RESTON VA 20190

Title DIRECTOR
Name FOSCHINI, FEDERICO
Address 1950 OPPORTUNITY WAY
SUITE 1500
City-State-Zip: RESTON VA 20190

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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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: KEVIN DUKE**SECRETARY****04/29/2025**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date

Authorized Person(s) Detail Continued :

Title ASSISTANT SECRETARY, INTELLECTUAL
PROPERTY
Name HAWKINS, CHARLES
Address 1950 OPPORTUNITY WAY
SUITE 1500
City-State-Zip: RESTON VA 20190

Title DIRECTOR
Name WEISSLAND, DANIEL
Address 1950 OPPORTUNITY WAY
SUITE 1500
City-State-Zip: RESTON VA 20190

Title DIRECTOR
Name POMA, PAOLO
Address 1950 OPPORTUNITY WAY
SUITE 1500
City-State-Zip: RESTON VA 20190

Title DIRECTOR
Name WINKELMANN, STEPHAN
Address 1950 OPPORTUNITY WAY
SUITE 1500
City-State-Zip: RESTON VA 20190