

**2023 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M21000017723

**Entity Name:** NOREGON SYSTEMS, LLC**Current Principal Place of Business:**7009 ALBERT PICK ROAD  
GREENSBORO, NC 27409**Current Mailing Address:**300 WEST 57TH STREET 40TH FLOOR  
NEW YORK, NY 10019**FEI Number:** 56-1833355**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**Authorized Person(s) Detail :**

Title	DIRECTOR
Name	MALLOCH, RICHARD P
Address	300 WEST 57TH STREET
City-State-Zip:	NEW YORK NY 10019

Title	VICE PRESIDENT
Name	CROSS, THOMAS D
Address	300 WEST 5TH STREET
City-State-Zip:	NEW YORK NY 10019

Title	DIRECTOR
Name	DURAI, MAHENDRA
Address	300 WEST 57TH STREET
City-State-Zip:	NEW YORK NY 10019

Title	MGR
Name	HATHAWAY, WILLIAM G
Address	7009 ALBERT PICK ROAD
City-State-Zip:	GREENSBORO NC 27409

Title	ASSISTANT TREASURER
Name	KORS, DAVID L.
Address	3540 TORINGDON WAY
City-State-Zip:	CHARLOTTE NC 28277

*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:** DAVID L. KORS**ASSISTANT TREASURER** 04/28/2023\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail\_\_\_\_\_  
Date