

2022 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F19000001894

Entity Name: RESERVE ELDER SERVICE, INC.

Current Principal Place of Business:

633 THIRD AVE
FLOOR 6
NEW YORK, NY 10017

Current Mailing Address:

633 THIRD AVE
FLOOR 6
NEW YORK, NY 10017 US

FEI Number: 81-0665063

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

Officer/Director Detail :

Title PRESIDENT
Name MCMAHON, CHRISTINE
Address 633 THIRD AVE
 FLOOR 6
City-State-Zip: NEW YORK NY 10017

Title GENERAL COUNSEL
Name BREZENOFF, KENNETH
Address 633 THIRD AVE
 FLOOR 6
City-State-Zip: NEW YORK NY 10017

Title SECRETARY, DIRECTOR
Name PAVIA, ALISON
Address 633 THIRD AVE
 FLOOR 6
City-State-Zip: NEW YORK NY 10017

Title CHAIRMAN
Name WEINSTEIN, MICHAEL
Address 633 THIRD AVE
 FLOOR 6
City-State-Zip: NEW YORK NY 10017

Title DIRECTOR
Name CAMPER, DIANE
Address 633 THIRD AVE
 FLOOR 6
City-State-Zip: NEW YORK NY 10017

Title DIRECTOR
Name MARTIN, JAY
Address 633 THIRD AVE
 FLOOR 6
City-State-Zip: NEW YORK NY 10017

Title DIRECTOR
Name KELLEY, KATHLEEN
Address 633 THIRD AVE
 FLOOR 6
City-State-Zip: NEW YORK NY 10017

Title DIRECTOR
Name FRIED, LINDA
Address 633 THIRD AVE
 FLOOR 6
City-State-Zip: NEW YORK NY 10017

Continues on page 2

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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: KENNETH BREZENOFF

GENERAL COUNSEL

04/19/2022

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name DRINANE, MONICA
Address 633 THIRD AVE
 FLOOR 6
City-State-Zip: NEW YORK NY 10017