

2021 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F19000005179

Entity Name: COLWEN MANAGEMENT, INC.**Current Principal Place of Business:**230 COMMERCE WAY, SUITE 200
PORTSMOUTH, NH 03801**Current Mailing Address:**230 COMMERCE WAY, SUITE 200
PORTSMOUTH, NH 03801 US**FEI Number:** 02-0526858**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**TRAC - THE REGISTERED AGENT COMPANY
236 E. 6TH AVENUE
TALLAHASSEE, FL 32303 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	CHRM
Name	XARRAS, LEO
Address	230 COMMERCE WAY, SUITE 200
City-State-Zip:	PORTSMOUTH NH 03801

Title	CEO
Name	XARRAS, LEO
Address	230 COMMERCE WAY, SUITE 200
City-State-Zip:	PORTSMOUTH NH 03801

Title	D
Name	SCHLEICHER, MARK C
Address	230 COMMERCE WAY, SUITE 200
City-State-Zip:	PORTSMOUTH NH 03801

Title	D
Name	THOMAS, CHRISTINE
Address	230 COMMERCE WAY, SUITE 200
City-State-Zip:	PORTSMOUTH NH 03801

Title	P
Name	SCOTT, JULIE
Address	230 COMMERCE WAY, SUITE 200
City-State-Zip:	PORTSMOUTH NH 03801

Title	TREASURER
Name	BICKHARDT, TERRENCE
Address	230 COMMERCE WAY, SUITE 200
City-State-Zip:	PORTSMOUTH NH 03801

Title	S
Name	VAN DER BEKEN, DAVID P. ESQ.
Address	889 ELM STREET 6TH FLOOR
City-State-Zip:	MANCHESTER NH 03101

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: /LEO XARRAS/**CHAIRMAN****01/14/2021**_____
Electronic Signature of Signing Officer/Director Detail_____
Date