

2022 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 REBICH, DAVE
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****03/11/2022**

Electronic Signature of Signing Officer/Director Detail

Date