

**2022 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F20000001795

**Entity Name:** NTHRIVE, INC.**Current Principal Place of Business:**200 NORTH POINT CENTER EAST  
SUITE 400  
ALPHARETTA, GA 30022**Current Mailing Address:**200 NORTH POINT CENTER EAST  
SUITE 400  
ALPHARETTA, GA 30022 US**FEI Number:** 47-4470095**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY  
1201 HAYS ST  
TALLAHASSEE, FL 32301 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           | DIRECTOR                                 |
| Name            | EGHBALI, BEHDAD                          |
| Address         | 200 NORTH POINT CENTER EAST<br>SUITE 400 |
| City-State-Zip: | ALPHARETTA GA 30022                      |

|                 |                                          |
|-----------------|------------------------------------------|
| Title           | CFO                                      |
| Name            | EVANS, JAMES                             |
| Address         | 200 NORTH POINT CENTER EAST<br>SUITE 400 |
| City-State-Zip: | ALPHARETTA GA 30022                      |

|                 |                                          |
|-----------------|------------------------------------------|
| Title           | SECRETARY                                |
| Name            | KHODADAD, MEHDI                          |
| Address         | 200 NORTH POINT CENTER EAST<br>SUITE 400 |
| City-State-Zip: | ALPHARETTA GA 30022                      |

|                 |                                          |
|-----------------|------------------------------------------|
| Title           | DIRECTOR                                 |
| Name            | HUBER, PAUL                              |
| Address         | 200 NORTH POINT CENTER EAST<br>SUITE 400 |
| City-State-Zip: | ALPHARETTA GA 30022                      |

|                 |                                          |
|-----------------|------------------------------------------|
| Title           | CEO, DIRECTOR                            |
| Name            | GOEL, HEMANT                             |
| Address         | 200 NORTH POINT CENTER EAST<br>SUITE 400 |
| City-State-Zip: | ALPHARETTA GA 30022                      |

|                 |                                          |
|-----------------|------------------------------------------|
| Title           | EXECUTIVE CHAIRMAN                       |
| Name            | TAAGHOL, PAYAM                           |
| Address         | 200 NORTH POINT CENTER EAST<br>SUITE 400 |
| City-State-Zip: | ALPHARETTA GA 30022                      |

*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: MEHDI KHODADAD****SECRETARY****04/24/2022**

Electronic Signature of Signing Officer/Director Detail

Date