

2021 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F20000001795

Entity Name: NTHRIVE, INC.**Current Principal Place of Business:**200 N POINT CENTER E STE 600
ALPHARETTA, GA 30022**Current Mailing Address:**200 N POINT CENTER E STE 600
ALPHARETTA, GA 30022**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 N POINT CENTER E STE 600
City-State-Zip:	ALPHARETTA GA 30022

Title	CFO
Name	CULBRETH, LANCE
Address	200 N POINT CENTER E STE 600
City-State-Zip:	ALPHARETTA GA 30022

Title	SECRETARY
Name	KHODADAD, MEHDI
Address	200 N POINT CENTER E STE 600
City-State-Zip:	ALPHARETTA GA 30022

Title	DIRECTOR
Name	HUBER, PAUL
Address	200 N POINT CENTER E STE 600
City-State-Zip:	ALPHARETTA GA 30022

Title	CHAIRMAN
Name	TAAGHOL, PAYAM
Address	200 N POINT CENTER E STE 600
City-State-Zip:	ALPHARETTA GA 30022

Title	CEO
Name	CLARDY, SLOAN
Address	200 N POINT CENTER E STE 600
City-State-Zip:	ALPHARETTA GA 30022

Title	DIRECTOR
Name	ABRAHAM, VIKRAM
Address	200 N POINT CENTER E STE 600
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****04/26/2021**_____
Electronic Signature of Signing Officer/Director Detail_____
Date