

**2026 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F23000004808

**Entity Name:** LOTHLORIEN MANAGEMENT INC.

**Current Principal Place of Business:**

310 S TWIN OAKS VALLEY RD #107-385  
SAN MARCOS, CA 91078

**Current Mailing Address:**

310 S TWIN OAKS VALLEY RD #107-385  
SAN MARCOS, CA 91078 US

**FEI Number:** 45-2165681

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

UNITED STATES CORPORATION AGENTS, INC.  
476 RIVERSIDE AVE.  
JACKSONVILLE, FL 32202 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           | DP                                 | Title           | VPST                               |
| Name            | KNEBEL, CHRISTOPHER                | Name            | KNEBEL, SUE                        |
| Address         | 310 S TWIN OAKS VALLEY RD #107-385 | Address         | 310 S TWIN OAKS VALLEY RD #107-385 |
| City-State-Zip: | SAN MARCOS CA 91078                | City-State-Zip: | SAN MARCOS CA 91078                |

*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:** SUE ELLEN KNEBEL

**VICE PRESIDENT**

**02/24/2026**

Electronic Signature of Signing Officer/Director Detail

Date