

2014 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M10000003337

Entity Name: INOVANT LLC

Current Principal Place of Business:

900 METRO CENTER BLVD.
FOSTER CITY, CA 94404

Current Mailing Address:

900 METRO CENTER BLVD.
FOSTER CITY, CA 94404

FEI Number: 74-3070018

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 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

Authorized Person(s) Detail :

Title MGR
Name POLLITT JR., BYRON H
Address 900 METRO CENTER BLVD.
City-State-Zip: FOSTER CITY CA 94404

Title SECRETARY
Name ST. PIERRE, ARIELA
Address 900 METRO CENTER BLVD.
City-State-Zip: FOSTER CITY CA 94404

Title MANAGER
Name SCHARF, CHARLES W
Address 900 METRO CENTER BLVD
City-State-Zip: FOSTER CITY CA 94404

Title ASST. SECRETARY
Name LILLQUIST, CHRISTY
Address 900 METRO CENTER BLVD
City-State-Zip: FOSTER CITY CA 94404

Title TREASURER
Name LAIDERMAN, RICHARD A
Address 900 METRO CENTER BLVD
City-State-Zip: FOSTER CITY CA 94404

Title PRESIDENT
Name MCINERNEY, RYAN
Address 900 METRO CENTER BLVD.
City-State-Zip: FOSTER CITY CA 94404

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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ARIELA ST. PIERRE

SECRETARY

05/01/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date