

2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 845389

Entity Name: INNOVATIVE INTERFACES INCORPORATED**Current Principal Place of Business:**5850 SHELLMOUND WAY
EMERYVILLE, CA 94608**Current Mailing Address:**5850 SHELLMOUND WAY
EMERYVILLE, CA 94608 US**FEI Number:** 94-2553274**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**Officer/Director Detail :**

Title	PRESIDENT, DIRECTOR
Name	LAWSON, RICHARD
Address	5850 SHELLMOUND WAY
City-State-Zip:	EMERYVILLE CA 94608

Title	SECRETARY, DIRECTOR
Name	BARBER, PAUL
Address	5850 SHELLMOUND WAY
City-State-Zip:	EMERYVILLE CA 94608

Title	CEO
Name	TALLMAN, JAMES
Address	5850 SHELLMOUND WAY
City-State-Zip:	EMERYVILLE CA 94608

Title	SECRETARY
Name	ADEKEYE, AKIN
Address	5850 SHELLMOUND WAY
City-State-Zip:	EMERYVILLE CA 94608

Title	TREASURER
Name	GADALA, WILLIAM
Address	5850 SHELLMOUND WAY
City-State-Zip:	EMERYVILLE CA 94608

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: AKIN ADEKEYE**SECRETARY****01/30/2018**_____
Electronic Signature of Signing Officer/Director Detail_____
Date