

**2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 845389

**Entity Name:** INNOVATIVE INTERFACES INCORPORATED**Current Principal Place of Business:**3133 WEST FRYE STREET  
SUITE 400  
CHANDLER, AZ 85226**Current Mailing Address:**3133 WEST FRYE STREET  
SUITE 400  
CHANDLER, AZ 85226 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	COLLINS, JONATHAN
Address	789 E. EISENHOWER PARKWAY
City-State-Zip:	ANN ARBOR MI 48108

Title	TREASURER
Name	WRIGHT, ANDREW GRAHAM
Address	70 ST. MARY AXE
City-State-Zip:	LONDON GREAT BRITIAN EC3A 8BE

Title	DIRECTOR
Name	SULLIVAN, KATHLEEN
Address	3133 WEST FRYE STREET SUITE 400
City-State-Zip:	CHANDLER AZ 85226

Title	SECRETARY
Name	REEVES, MARTIN LESLIE
Address	C/O CLARIVATE 70 ST MARY AXE
City-State-Zip:	LONDON GREAT BRITIAN EC3A 8BE

Title	DIRECTOR
Name	MARTIN, JULIO
Address	1500 SPRING GARDEN STREET 4TH FLOOR
City-State-Zip:	PHILADELPHIA PA 19130

*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:** MARTIN LESLIE REEVES**SECRETARY****03/11/2024**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date