

**2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F00000005445

Entity Name: MAZZETTI INC.

**Current Principal Place of Business:**

220 MONTGOMERY STREET  
SUITE 650  
SAN FRANCISCO, CA 94104

**Current Mailing Address:**

220 MONTGOMERY STREET  
SUITE 650  
SAN FRANCISCO, CA 94104 US

FEI Number: 94-1722463

Certificate of Status Desired: No

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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 SECRETARY  
Name PAPPAS, JOHN  
Address 220 MONTGOMERY STREET  
SUITE 650  
City-State-Zip: SAN FRANCISCO CA 94104

Title PRESIDENT  
Name VERNON, WALTER N.  
Address 220 MONTGOMERY STREET  
SUITE 650  
City-State-Zip: SAN FRANCISCO CA 94104

Title DIRECTOR  
Name MERCANTE, CYNTHIA  
Address 220 MONTGOMERY STREET  
SUITE 650  
City-State-Zip: SAN FRANCISCO CA 94104

Title DIRECTOR  
Name STAVIG, MARK  
Address 220 MONTGOMERY STREET  
SUITE 650  
City-State-Zip: SAN FRANCISCO CA 94104

Title DIRECTOR  
Name DECKARD, DONNA  
Address 220 MONTGOMERY STREET  
SUITE 650  
City-State-Zip: SAN FRANCISCO CA 94104

Title DIRECTOR  
Name ATTEBERRY, KARL  
Address 220 MONTGOMERY STREET  
SUITE 650  
City-State-Zip: SAN FRANCISCO CA 94104

Title DIRECTOR  
Name INMAN, JON  
Address 220 MONTGOMERY STREET  
SUITE 650  
City-State-Zip: SAN FRANCISCO CA 94104

Title DIRECTOR  
Name POLAND, CHRIS  
Address 220 MONTGOMERY STREET  
SUITE 650  
City-State-Zip: SAN FRANCISCO CA 94104

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*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: DARRYL WANDRY

TREASURER

04/06/2018

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name PAPPAS, JOHN  
Address 220 MONTGOMERY STREET  
SUITE 650  
City-State-Zip: SAN FRANCISCO CA 94104

Title DIRECTOR  
Name NUESSEIN, CINDY  
Address 220 MONTGOMERY STREET  
SUITE 650  
City-State-Zip: SAN FRANCISCO CA 94104

Title TREASURER  
Name WANDRY, DARRYL  
Address 220 MONTGOMERY STREET  
SUITE 650  
City-State-Zip: SAN FRANCISCO CA 94104