

**2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F03000002983

**FILED**  
**Mar 27, 2020**  
**Secretary of State**  
**1951053219CC**

**Entity Name:** INTERNAL DRIVE INC.

**Current Principal Place of Business:**

910 E HAMILTON AVE.  
SUITE 300  
CAMPBELL, CA 95008

**Current Mailing Address:**

910 E HAMILTON AVE.  
SUITE 300 SUITE 300  
CAMPBELL, CA 95008 US

**FEI Number:** 77-0505298

**Certificate of Status Desired:** No

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

BUSINESS FILINGS INCORPORATED  
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:** MARK WILLIAMS

03/27/2020

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR  
Name INGRAM-CAUCHI, ALEXA  
Address 910 E HAMILTON AVE. SUITE 300  
City-State-Zip: CAMPBELL CA 95008

Title DIRECTOR  
Name INGRAM-CAUCHI, PETE  
Address 910 E HAMILTON AVE SUITE 300  
City-State-Zip: CAMPBELL CA 95008

Title DIRECTOR  
Name FARR, PAULL  
Address 910 E HAMILTON AVE SUITE 300  
City-State-Zip: CAMPBELL CA 95008

Title DIRECTOR  
Name KELLY, BRYAN  
Address 910 E HAMILTON AVE SUITE 300  
City-State-Zip: CAMPBELL CA 95008

Title DIRECTOR  
Name BAUMEL, MATT  
Address 910 E HAMILTON AVE SUITE 300  
City-State-Zip: CAMPBELL CA 95008

Title DIRECTOR  
Name BEHAR, HOWARD  
Address 910 E HAMILTON AVE SUITE 300  
City-State-Zip: CAMPBELL CA 95008

Title PRESIDENT  
Name INGRAM-CAUCHI, PETE  
Address 910 E HAMILTON AVE SUITE 300  
City-State-Zip: CAMPBELL CA 95008

Title VICE-PRESIDENT  
Name INGRAM-CAUCHI, PETE  
Address 910 E HAMILTON AVE SUITE 300  
City-State-Zip: CAMPBELL CA 95008

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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:** PETE INGRAM-CAUCHI

PRESIDENT

03/27/2020

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title SECRETARY  
Name LOVINSKY, ILAN  
Address 910 E HAMILTON AVE SUITE 300  
City-State-Zip: CAMPBELL CA 95008

Title TREASURER  
Name INGRAM-CAUCHI, PETE  
Address 910 E HAMILTON AVE, SUITE 300  
City-State-Zip: CAMPBELL CA 95008