

**2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F03000002983

**Entity Name:** INTERNAL DRIVE INC.

**Current Principal Place of Business:**

910 E HAMILTON AVE.  
SUITE 300  
CAMPBELL, CA 95008

**Current Mailing Address:**

PO BOX 111720  
SUITE 300  
CAMPBELL, CA 95011 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:** CHRIS DAS

03/30/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

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

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

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

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

Title DIRECTOR  
Name ROHRER, LISA  
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 TITLE: PRESIDENT

03/30/2024

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

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