

2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000005526

FILED
Mar 18, 2014
Secretary of State
CC1675536449

Entity Name: ADAPTIVE PLANNING, INC.

Current Principal Place of Business:

3350 W BAYSHORE ROAD
SUITE 200
PALO ALTO, CA 94303

Current Mailing Address:

3350 W BAYSHORE ROAD
SUITE 200
PALO ALTO, CA 94303 US

FEI Number: 65-1188215

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 DIRECTOR
Name MONSALVE, SERGIO
Address 3350 W BAYSHORE ROAD
SUITE 200
City-State-Zip: PALO ALTO CA 94303

Title PRESIDENT, DIRECTOR
Name HULL, ROBERT
Address 3350 W BAYSHORE ROAD
SUITE 200
City-State-Zip: PALO ALTO CA 94303

Title CEO, DIRECTOR
Name HERR, JOHN
Address 3350 W BAYSHORE ROAD
SUITE 200
City-State-Zip: PALO ALTO CA 94303

Title DIRECTOR
Name OPDENDYK, TERRY
Address 3350 W BAYSHORE ROAD
SUITE 200
City-State-Zip: PALO ALTO CA 94303

Title CFO
Name PEFLEY, DAVID
Address 3350 W BAYSHORE ROAD
SUITE 200
City-State-Zip: PALO ALTO CA 94303

Title DIRECTOR
Name ANTONIADES, ROBERT
Address 3350 W BAYSHORE ROAD
SUITE 200
City-State-Zip: PALO ALTO CA 94303

Title DIRECTOR
Name DEETER, BYRON
Address 3350 W BAYSHORE ROAD
SUITE 200
City-State-Zip: PALO ALTO CA 94303

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: DAVID PEFLEY

CFO

03/18/2014

Electronic Signature of Signing Officer/Director Detail

Date