# 2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT

#### DOCUMENT# F07000005526

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

## 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

## **Officer/Director Detail :**

	Title	DIRECTOR	Title	CHAIRMAN	
	Name	MONSALVE, SERGIO	Name	HULL, ROBERT	
	Address	3350 W BAYSHORE ROAD SUITE 200	Address	3350 W BAYSHORE ROAD SUITE 200	
	City-State-Zip:	PALO ALTO CA 94303	City-State-Zip:	PALO ALTO CA 94303	
	Title	DIRECTOR	Title	CFO	
	Name	OPDENDYK, TERRY	Name	JOHNSON, JAMES	
	Address	3350 W BAYSHORE ROAD SUITE 200	Address	3350 W BAYSHORE ROAD SUITE 200	
	City-State-Zip:	PALO ALTO CA 94303	City-State-Zip:	PALO ALTO CA 94303	
	Title	DIRECTOR	Title	DIRECTOR	
	Name	ANTONIADES, ROBERT	Name	DEETER, BYRON	
	Address	3350 W BAYSHORE ROAD SUITE 200	Address	3350 W BAYSHORE ROAD SUITE 200	
	City-State-Zip:	PALO ALTO CA 94303	City-State-Zip:	PALO ALTO CA 94303	
	Title	CEO	Title	DIRECTOR	
	Name	BOGAN, THOMAS F	Name	KELLIHER, JIM	
	Address	3350 W BAYSHORE ROAD SUITE 200	Address	3350 W BAYSHORE ROAD SUITE 200	
	City-State-Zip:	PALO ALTO CA 94303	City-State-Zip:	PALO ALTO CA 94303	

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CFO

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: JAMES JOHNSON

Electronic Signature of Signing Officer/Director Detail

# FILED Feb 09, 2017 Secretary of State CC6640366201

Certificate of Status Desired: No

Date

#### **Officer/Director Detail Continued :**

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