

2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F11000001410

Entity Name: SUGARCRM INC.**Current Principal Place of Business:**10050 N WOLFE RD SW2-130
CUPERTINO, CA 95014**Current Mailing Address:**10050 N WOLFE RD SW2-130
CUPERTINO, CA 95014**FEI Number:** 20-1173875**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**INCORP SERVICES INC.
17888 67TH COURT NORTH
LOXAHATCHEE, FL 33470 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 CHRM
Name AUGUSTIN, LARRY
Address 10050 N WOLFE RD SW2-130
City-State-Zip: CUPERTINO CA 95014

Title CEO
Name AUGUSTIN, LARRY
Address 10050 N WOLFE RD SW2-130
City-State-Zip: CUPERTINO CA 95014

Title DIRECTOR
Name STEIN, JOSH
Address 10050 N WOLFE RD SW2-130
City-State-Zip: CUPERTINO CA 95014

Title CFO
Name VALENZUELA, STEVE
Address 10050 N WOLFE RD SW2-130
City-State-Zip: CUPERTINO CA 95014

Title DIRECTOR
Name COLEMAN, MARY
Address 10050 N WOLFE RD SW2-130
City-State-Zip: CUPERTINO CA 95014

Title DIRECTOR
Name LESLIE, MARK
Address 10050 N WOLFE RD SW2-130
City-State-Zip: CUPERTINO CA 95014

Title DIRECTOR
Name MUNFA, ANTOINE
Address 10050 N WOLFE RD SW2-130
City-State-Zip: CUPERTINO CA 95014

Title DIRECTOR
Name SEAWELL, BROOKE
Address 10050 N WOLFE RD SW2-130
City-State-Zip: CUPERTINO CA 95014

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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: PATRICIA TIMM**SECRETARY****03/17/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title	SECRETARY
Name	TIMM, PATRICIA
Address	10050 N WOLFE RD SW2-130
City-State-Zip:	CUPERTINO CA 95014