# 2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F11000001410

Entity Name: SUGARCRM INC.

## Current Principal Place of Business:

10050 NORTH WOLFE ROAD SW2-130 CUPERTINO, CA 95014

# Current Mailing Address:

10050 NORTH WOLFE ROAD SW2-130 CUPERTINO, CA 95014 US

## FEI Number: 20-1173875

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

C T CORPORATION SYSTEM C/O C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD 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	DIRECTOR
Name	COLEMAN, MARY	Name	SEAWELL, BROOKE
Address	10050 NORTH WOLFE ROAD SW2-130	Address	10050 NORTH WOLFE ROAD SW2-130
City-State-Zip:	CUPERTINO CA 95014	City-State-Zip:	CUPERTINO CA 95014
Title	DIRECTOR	Title	DIRECTOR
Name	MUNFA, ANTOINE	Name	FANZILLI, FRANK
Address	10050 NORTH WOLFE ROAD SW2-130	Address	10050 NORTH WOLFE ROAD SW2-130
City-State-Zip:	CUPERTINO CA 95014	City-State-Zip:	CUPERTINO CA 95014
Title	DIRECTOR	Title	PRESIDENT/CEO
Name	DENNERLINE, DOUG	Name	AUGUSTIN, LARRY
Address	10050 NORTH WOLFE ROAD SW2-130	Address	10050 NORTH WOLFE ROAD SW2-130
		Address City-State-Zip:	
	SW2-130		SW2-130
City-State-Zip:	SW2-130 CUPERTINO CA 95014	City-State-Zip:	SW2-130 CUPERTINO CA 95014
City-State-Zip: Title	SW2-130 CUPERTINO CA 95014 TREASURER/CFO	City-State-Zip: Title	SW2-130 CUPERTINO CA 95014 SECRETARY

# Continues on page 2

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	: MARK LIU	SECRETARY	04/05/2018
	Electronic Signature of Signing Officer/Director Detail		Date

# FILED Apr 05, 2018 Secretary of State CC8857513571

Certificate of Status Desired: No

Date

# **Officer/Director Detail Continued :**

Title	DIRECTOR	Title	DIRECTOR
Name	LESLIE, MARK	Name	AUGUSTIN, LARRY
Address	10050 NORTH WOLFE ROAD SW2-130	Address	10050 NORTH WOLFE ROAD SW2-130
City-State-Zip:	CUPERTINO CA 95014	City-State-Zip:	CUPERTINO CA 95014
Title	DIRECTOR		

THE	BIREOFOR
Name	STEIN, JOSH
Address	10050 NORTH WOLFE ROAD SW2-130

City-State-Zip: CUPERTINO CA 95014