

**2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F12000001870

Entity Name: THERANOS, INC.

**Current Principal Place of Business:**

1601 S CALIFORNIA AVE  
PALO ALTO, CA 94304

**FILED**  
**Jul 30, 2013**  
**Secretary of State**  
**CC1088743818**

**Current Mailing Address:**

1601 S CALIFORNIA AVE  
PALO ALTO, CA 94304 US

FEI Number: 20-1231826

Certificate of Status Desired: No

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

NRAI SERVICES, INC.  
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 CEO, CHAIRMAN  
Name HOLMES, ELIZABETH  
Address 1601 S CALIFORNIA AVE  
City-State-Zip: PALO ALTO CA 94304

Title PRESIDENT, COO  
Name BALWANI, RAMESH  
Address 1601 S CALIFORNIA AVE  
City-State-Zip: PALO ALTO CA 94304

Title DIRECTOR  
Name SHULTZ, GEORGE  
Address 1601 S CALIFORNIA AVE  
City-State-Zip: PALO ALTO CA 94304

Title DIRECTOR  
Name ROUGHEAD, GARY  
Address 1601 S CALIFORNIA AVE  
City-State-Zip: PALO ALTO CA 94304

Title DIRECTOR  
Name PERRY, WILLIAM  
Address 1601 S CALIFORNIA AVE  
City-State-Zip: PALO ALTO CA 94304

Title DIRECTOR  
Name NUNN, SAMUEL  
Address 1601 S CALIFORNIA AVE  
City-State-Zip: PALO ALTO CA 94304

Title DIRECTOR  
Name MATTIS, JAMES  
Address 1601 S CALIFORNIA AVE  
City-State-Zip: PALO ALTO CA 94304

Title DIRECTOR  
Name KOVACEVICH, RICHARD  
Address 1601 S CALIFORNIA AVE  
City-State-Zip: PALO ALTO CA 94304

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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: RAMESH BALWANI

PRESIDENT

07/30/2013

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title            DIRECTOR  
Name            KISSINGER, HENRY  
Address        1601 S CALIFORNIA AVE  
City-State-Zip: PALO ALTO CA 94304