

2014 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
Aug 06, 2014
Secretary of State
CC4849939243

Current Mailing Address:

1601 S CALIFORNIA AVE
PALO ALTO, CA 94304 US

FEI Number: 20-1231826

Certificate of Status Desired: Yes

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

PRESIDER

08/06/2014

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

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

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

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