

2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F13000001804

Entity Name: GOPIVOTAL, INC.**Current Principal Place of Business:**3495 DEER CREEK ROAD
PALO ALTO, CA 94304**Current Mailing Address:**3495 DEER CREEK ROAD
PALO ALTO, CA 94304 US**FEI Number:** 94-3094578**Certificate of Status Desired:** No**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_____
Date**Officer/Director Detail :**

Title	S
Name	DUCHESNE, JUNE
Address	176 SOUTH STREET
City-State-Zip:	HOPKINTON MA 01748

Title	VPT
Name	COHEN, ANDREW
Address	1900 S. NORFOLK STREET
City-State-Zip:	SAN MATEO CA 94403

Title	S
Name	DACIER, PAUL T
Address	176 SOUTH STREET
City-State-Zip:	HOPKINTON MA 01748

Title	PCEO
Name	MARITZ, PAUL
Address	1900 S. NORFOLK STREET
City-State-Zip:	SAN MATEO CA 94403

Title	D
Name	MARITZ, PAUL
Address	1900 S. NORFOLK STREET
City-State-Zip:	SAN MATEO CA 94403

Title	D
Name	COWEN, RANDOLPH L
Address	176 SOUTH STREET
City-State-Zip:	HOPKINTON MA 01748

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: ANDREW COHEN**SECRETARY****04/23/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date