

2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F15000002774

Entity Name: ACUFOCUS, INC.**Current Principal Place of Business:**C/O JASON TESTER
32 DISCOVERY, STE. 200
IRVINE, CA 92618**Current Mailing Address:**C/O JASON TESTER
32 DISCOVERY, STE. 200
IRVINE, CA 92618**FEI Number:** 58-2662049**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 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 | PRESIDENT |
| Name | WATERHOUSE, ALAN |
| Address | 32 DISCOVERY, STE. 200 |
| City-State-Zip: | IRVINE CA 92618 |
| Title | S |
| Name | TESTER, JASON |
| Address | 32 DISCOVERY, STE. 200 |
| City-State-Zip: | IRVINE CA 92618 |
| Title | DIRECTOR |
| Name | GARVEY, JAMES |
| Address | ONE BOSTON PL, STE. 3900 |
| City-State-Zip: | BOSTON MA 02108 |
| Title | DIRECTOR |
| Name | LINDSTOM, RICHARD |
| Address | 9801 DUPONT AVE. SOUTH SUITE 200 |
| City-State-Zip: | BLOOMINGTON MN 55431 |

| | |
|-----------------|--|
| Title | VCVP |
| Name | TESTER, JASON |
| Address | 32 DISCOVERY, STE. 200 |
| City-State-Zip: | IRVINE CA 92618 |
| Title | DIRECTOR |
| Name | LINK, BILL |
| Address | C/O JASON TESTER 32 DISCOVERY, STE. 200 |
| City-State-Zip: | IRVINE CA 92618 |
| Title | DIRECTOR |
| Name | WANG, CONRAD |
| Address | 300 ATLANTIC STREET SUITE 600 |
| City-State-Zip: | STAMFORD CT 06901 |
| Title | DIRECTOR |
| Name | ARORA, ARJUN |
| Address | 2800 SAND HILL ROAD SUITE 200 |
| City-State-Zip: | MENLO PARK CA 94025 |

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: JASON TESTER**SECRETARY****01/16/2017**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name BENSON, BUZZ
Address 8500 NORMANDALE LAKE
 SUITE 1070
City-State-Zip: BLOOMINGTON MN 55437

Title DIRECTOR
Name WATERHOUSE, ALAN
Address C/O JASON TESTER
 32 DISCOVERY, STE. 200
City-State-Zip: IRVINE CA 92618