

2021 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F15000003290

Entity Name: TANIAM INC.**Current Principal Place of Business:**3550 CARILLON POINT
KIRKLAND, WA 98033**Current Mailing Address:**2100 POWELL STREET
SUITE 300
EMERYVILLE, CA 94608 US**FEI Number:** 26-0340021**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**COGENCY GLOBAL INC.
115 NORTH CALHOUN STREET, SUITE 4
TALLAHASSEE, FL 32301 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 DIRECTOR
Name HOROWITZ, BEN
Address 3550 CARILLON POINT
City-State-Zip: KIRKLAND WA 98033

Title DIRECTOR
Name WILDEROTTER, MARY AGNES
Address 3550 CARILLON POINT
City-State-Zip: KIRKLAND WA 98033

Title DIRECTOR
Name BELFIORE, ANTHONY
Address 3550 CARILLON POINT
City-State-Zip: KIRKLAND WA 98033

Title CHAIRMAN OF THE BOARD
Name HINDAWI, DAVID
Address 3550 CARILLON POINT
City-State-Zip: KIRKLAND WA 98033

Title DIRECTOR
Name FIELDS, MARK
Address 3550 CARILLON POINT
City-State-Zip: KIRKLAND WA 98033

Title DIRECTOR
Name MERCHANT, FAZAL
Address 3550 CARILLON POINT
City-State-Zip: KIRKLAND WA 98033

Title DIRECTOR
Name ROWLAND, DAVID
Address 3550 CARILLON POINT
City-State-Zip: KIRKLAND WA 98033

Title DIRECTOR
Name THOMPSON, MATTHEW
Address 3550 CARILLON POINT
City-State-Zip: KIRKLAND WA 98033

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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: ORION HINDAWITREASURER, CEO,
PRESIDENT & CTO

04/29/2021

Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title DIRECTOR
Name CARTER, ASH
Address 3550 CARILLON POINT
City-State-Zip: KIRKLAND WA 98033

Title CHIEF PEOPLE OFFICER & CHIEF
 ADMINISTRATIVE OFFICE
Name CHAURASIA, BINA
Address 3550 CARILLON POINT
City-State-Zip: KIRKLAND WA 98033

Title SECRETARY
Name MCDONALD, ELLEN
Address 3550 CARILLON POINT
City-State-Zip: KIRKLAND WA 98033

Title TREASURER, CEO, PRESIDENT &
 CTO, DIRECTOR
Name HINDAWI, ORION
Address 3550 CARILLON POINT
City-State-Zip: KIRKLAND WA 98033