

2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F16000001158

Entity Name: NEUROPACE, INC.**Current Principal Place of Business:**455 N. BERNARDO AVENUE
MOUNTAIN VIEW, CA 94043**Current Mailing Address:**455 N. BERNARDO AVENUE
MOUNTAIN VIEW, CA 94043 US**FEI Number:** 22-3550230**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 PRESIDENT / CEO
Name FISCHER, FRANK
Address 455 N. BERNARDO AVENUE
City-State-Zip: MOUNTAIN VIEW CA 94043

Title DIRECTOR
Name FISCHER, FRANK
Address 455 N. BERNARDO AVENUE
City-State-Zip: MOUNTAIN VIEW CA 94043

Title DIRECTOR
Name FAVET, MIKE
Address 455 N. BERNARDO AVENUE
City-State-Zip: MOUNTAIN VIEW CA 94043

Title DIRECTOR
Name BURGESS, VINCE
Address 455 N. BERNARDO AVENUE
City-State-Zip: MOUNTAIN VIEW CA 94043

Title DIRECTOR
Name GARFIELD, GREG
Address 455 N. BERNARDO AVENUE
City-State-Zip: MOUNTAIN VIEW CA 94043

Title DIRECTOR
Name KASSAR, NAEL
Address 455 N. BERNARDO AVENUE
City-State-Zip: MOUNTAIN VIEW CA 94043

Title TREASURER
Name KUHN, REBECCA
Address 455 N. BERNARDO AVENUE
City-State-Zip: MOUNTAIN VIEW CA 94043

Title DIRECTOR
Name LACOB, JOSEPH S.
Address 455 N. BERNARDO AVENUE
City-State-Zip: MOUNTAIN VIEW CA 94043

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: REBECCA KUHN**TREASURER****04/05/2018**_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title DIRECTOR
Name LARKIN, RAY
Address 455 N. BERNARDO AVENUE
City-State-Zip: MOUNTAIN VIEW CA 94043

Title DIRECTOR
Name SILVERSTEIN, JONATHAN
Address 455 N. BERNARDO AVENUE
City-State-Zip: MOUNTAIN VIEW CA 94043

Title DIRECTOR
Name RYAN, RENEE
Address 455 N. BERNARDO AVENUE
City-State-Zip: MOUNTAIN VIEW CA 94043

Title SECRETARY
Name WEEKS, MARK
Address 455 N. BERNARDO AVENUE
City-State-Zip: MOUNTAIN VIEW CA 94043