

2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F16000001773

Entity Name: SONOMA PHARMACEUTICALS, INC.**Current Principal Place of Business:**1129 NORTH MCDOWELL BLVD
PETALUMA, CA 94954**Current Mailing Address:**1129 NORTH MCDOWELL BLVD
PETALUMA, CA 94954 US**FEI Number:** 68-0423298**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**VCORP SERVICES, LLC
5011 SOUTH STATE ROAD 7, SUITE 106
DAVIE, FL 33314 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 CHAIRMAN, LEAD INDEPENDENT
DIRECTOR
Name MCLAUGHLIN, JERRY
Address 1129 NORTH MCDOWELL BLVD
City-State-Zip: PETALUMA CA 94954

Title DIRECTOR
Name BIRNBAUM, JAY
Address 1129 NORTH MCDOWELL BLVD
City-State-Zip: PETALUMA CA 94954

Title CFO, SECRETARY, TREASURER
Name MILLER, ROBERT
Address 1129 NORTH MCDOWELL BLVD
City-State-Zip: PETALUMA CA 94954

Title VC, DIRECTOR
Name BARBARI, SHARON
Address 1129 NORTH MCDOWELL BLVD
City-State-Zip: PETALUMA CA 94954

Title CEO, DIRECTOR
Name SCHUTZ, JIM
Address 1129 NORTH MCDOWELL BLVD
City-State-Zip: PETALUMA CA 94954

Title DIRECTOR
Name HARRISON, RUSSELL
Address 1129 NORTH MCDOWELL BLVD
City-State-Zip: PETALUMA CA 94954

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: JIM SCHUTZ

CEO

03/29/2017

Electronic Signature of Signing Officer/Director Detail

Date