

**2018 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M16000010351

**Entity Name:** ZAPIER, INC.

**Current Principal Place of Business:**

548 MARKET ST, #62411  
SAN FRANCISCO, CA 94104

**Current Mailing Address:**

548 MARKET ST, #62411  
SAN FRANCISCO, CA 94104 US

**FEI Number:** 46-1268002

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

VCORP SERVICES, LLC  
5011 S STATE RD 7, STE 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

**Authorized Person(s) Detail :**

Title CP  
Name FOSTER, CHARLES W  
Address 243 BUENA VISTA VAE, #1114  
City-State-Zip: SUNNYDALE CA 94086

Title VCS  
Name KNOOP, MICHAEL  
Address 1279 LAUREL HILL DR  
City-State-Zip: SAN MATEO CA 94402

Title DT  
Name HELMIG, BRYAN  
Address 1535 NILDA AVE  
City-State-Zip: MOUNTAIN VIEW CA 94040

Title CFO  
Name BLOOM, JENNIFER  
Address 735 ANTONE ST  
City-State-Zip: ATLANTA GA 30318

*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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** JENNIFER L BLOOM

CFO

03/26/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date