

2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000003464

Entity Name: TAPESTRY SOLUTIONS, INC.**Current Principal Place of Business:**5643 COPLEY DRIVE
SAN DIEGO, CA 92111-7903**Current Mailing Address:**5643 COPLEY DRIVE
SAN DIEGO, CA 92111-7903 US**FEI Number: NOT APPLICABLE****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 SECRETARY
Name KUMAR, DANA E
Address 5643 COPLEY DRIVE
City-State-Zip: SAN DIEGO CA 92111-7903

Title ASSISTANT TREASURER
Name ROREM, NATALIE N
Address 5643 COPLEY DRIVE
City-State-Zip: SAN DIEGO CA 92111-7903

Title TREASURER
Name MIMS, VERETT A
Address 5643 COPLEY DRIVE
City-State-Zip: SAN DIEGO CA 92111-7903

Title CFO
Name JEFFRIES, REBECCA
Address 5643 COPLEY DRIVE
City-State-Zip: SAN DIEGO CA 92111-7903

Title ASSISTANT TREASURER
Name HOWLEY, LAURA A
Address 5643 COPLEY DRIVE
City-State-Zip: SAN DIEGO CA 92111-7903

Title ASSISTANT TREASURER
Name ROGGEKAMP, RUUD PETER
Address 5643 COPLEY DRIVE
City-State-Zip: SAN DIEGO CA 92111-7903

Title DIRECTOR
Name CHICOLI, JOHN A.
Address 5643 COPLEY DRIVE
City-State-Zip: SAN DIEGO CA 92111-7903

Title VP
Name WOLTER, CHRISTOPHER J
Address 5643 COPLEY DRIVE
City-State-Zip: SAN DIEGO CA 92111-7903

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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: NATALIE N ROREM**ASSISTANT TREASURER 05/25/2020**_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title ASSISTANT SECRETARY
Name FUHR, PIPER L
Address 5643 COPLEY DRIVE
City-State-Zip: SAN DIEGO CA 92111-7903

Title ASSISTANT SECRETARY
Name MORAN, COLLEEN
Address 5643 COPLEY DRIVE
City-State-Zip: SAN DIEGO CA 92111-7903

Title DIRECTOR
Name WOLTER, CHRISTOPHER J
Address 5643 COPLEY DRIVE
City-State-Zip: SAN DIEGO CA 92111-7903

Title PRESIDENT
Name CHICOLI, JOHN A.
Address 5643 COPLEY DRIVE
City-State-Zip: SAN DIEGO CA 92111-7903

Title ASSISTANT SECRETARY
Name HERNANDEZ, STEPHANIE L
Address 5643 COPLEY DRIVE
City-State-Zip: SAN DIEGO CA 92111-7903

Title ASSISTANT SECRETARY
Name VELASQUEZ, VALERIA A
Address 5643 COPLEY DRIVE
City-State-Zip: SAN DIEGO CA 92111-7903

Title DIRECTOR
Name MIMS, VERETT A
Address 5643 COPLEY DRIVE
City-State-Zip: SAN DIEGO CA 92111-7903