

2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F13000000003

Entity Name: ARICENT US, INC.**Current Principal Place of Business:**303 TWIN DOLPHIN DRIVE
SUITE 600
REDWOOD CITY, CA 94065**Current Mailing Address:**303 TWIN DOLPHIN DRIVE
SUITE 600
REDWOOD CITY, CA 94065 US**FEI Number:** 56-2587873**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	T
Name	BROWN, LYDIA
Address	197 ROUTE 18 SOUTH SUITE 3000
City-State-Zip:	EAST BRUNSEICK NJ 08816

Title	CFO, DIRECTOR
Name	CANTOR, ILYA
Address	197 ROUTE 18 SOUTH SUITE 3000
City-State-Zip:	EAST BRUNSWICK NJ 08816

Title	PRESIDENT, SECRETARY
Name	BUHRFEIND, ERIC
Address	303 TWIN DOLPHIN DRIVE SUITE 600
City-State-Zip:	REDWOOD CITY CA 94065

Title	VP
Name	SHASHANK, AMIT
Address	303 TWIN DOLPHIN DRIVE SUITE 600
City-State-Zip:	REDWOOD CITY CA 94065

Title	VP
Name	MAINALI, BIPUL
Address	303 TWIN DOLPHIN DRIVE SUITE 600
City-State-Zip:	REDWOOD CITY CA 94065

Title	DIRECTOR
Name	LINK, RENE
Address	303 TWIN DOLPHIN DRIVE SUITE 600
City-State-Zip:	REDWOOD CITY CA 94065

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: LYDIA BROWN**TREASURER****04/17/2014**

Electronic Signature of Signing Officer/Director Detail

Date