

**2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F13000002779

**FILED**  
**Jan 21, 2016**  
**Secretary of State**  
**CC2460485238**

**Entity Name:** INTERRA SYSTEMS, INC.

**Current Principal Place of Business:**

1601 S. DE ANZA BLVD., SUITE #212  
CUPERTINO, CA 95014

**Current Mailing Address:**

1601 S. DE ANZA BLVD., SUITE #212  
CUPERTINO, CA 95014

**FEI Number:** 77-0560316

**Certificate of Status Desired:** No

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

UNITED STATES CORPORATION AGENTS, INC.  
13302 WINDING OAKS COURT, SUITE A  
TAMPA, FL 33612-3425 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 CHRM  
Name BOSE, AJOY K  
Address 2077 GATEWAY PLACE, SUITE 300  
City-State-Zip: SAN JOSE CA 95110

Title CEO  
Name JAIN, SUNIL K  
Address 1601 S. DE ANZA BLVD., SUITE #212  
City-State-Zip: CUPERTINO CA 95014

Title PD  
Name JAIN, SUNIL K  
Address 1601 S. DE ANZA BLVD., SUITE #212  
City-State-Zip: CUPERTINO CA 95014

Title CFO  
Name BROWN, MARK M  
Address 1601 S. DE ANZA BLVD., SUITE #212  
City-State-Zip: CUPERTINO CA 95014

Title VPT  
Name BROWN, MARK M  
Address 1601 S. DE ANZA BLVD., SUITE #212  
City-State-Zip: CUPERTINO CA 95014

Title S  
Name CHAFFIN, TOM  
Address 2550 HANOVER STREET  
City-State-Zip: PALO ALTO CA 94304

*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:** MARK M. BROWN

**CFO**

**01/21/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date