

**2021 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F17000002940

Entity Name: VIEW, INC.

**Current Principal Place of Business:**

195 SOUTH MILPITAS BLVD  
MILPITAS, CA 95035

**Current Mailing Address:**

195 SOUTH MILPITAS BLVD  
MILPITAS, CA 95035 US

FEI Number: 30-0414899

Certificate of Status Desired: Yes

**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 C  
Name LEPPERT, TOM  
Address 195 SOUTH MILPITAS BLVD  
City-State-Zip: MILPITAS CA 95035

Title D  
Name HUGHES, HAROLD  
Address 195 SOUTH MILPITAS BLVD  
City-State-Zip: MILPITAS CA 95035

Title P  
Name MULPURI, RAO  
Address 195 SOUTH MILPITAS BLVD  
City-State-Zip: MILPITAS CA 95035

Title DIRECTOR  
Name GORMLY, NIGEL  
Address 195 SOUTH MILPITAS BLVD  
City-State-Zip: MILPITAS CA 95035

Title DIRECTOR  
Name PATTERSON, TOM  
Address 195 SOUTH MILPITAS BLVD  
City-State-Zip: MILPITAS CA 95035

Title SECRETARY  
Name KRAUSE, BILL  
Address 195 SOUTH MILPITAS BLVD  
City-State-Zip: MILPITAS CA 95035

Title CFO  
Name PRAKASH, VIDUL  
Address 195 SOUTH MILPITAS BLVD  
City-State-Zip: MILPITAS CA 95035

Title DIRECTOR  
Name CHEUNG, TOM  
Address 195 SOUTH MILPITAS BLVD  
City-State-Zip: MILPITAS CA 95035

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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: VIDUL PRAKASH

CFO

04/29/2021

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

\_\_\_\_\_ Date

**Officer/Director Detail Continued :**

Title           DIRECTOR  
Name           VEGHTE, BILL  
Address        195 SOUTH MILPITAS BLVD  
City-State-Zip: MILPITAS CA 95035