

**2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F17000004992

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

**Current Principal Place of Business:**

150 MATHILDA PL  
SUITE 600  
SUNNYVALE, CA 94086

**Current Mailing Address:**

150 MATHILDA PLACE,  
SUITE 600  
SUNNYVALE, CA 94086 US

**FEI Number:** 47-2449966

**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            CEO  
Name            KING, DAVID  
Address        150 MATHILDA PL  
                 SUITE 600  
City-State-Zip: SUNNYVALE CA 94086

Title            DIRECTOR  
Name            RAVI, T.M.  
Address        720 UNIVERSITY AVENUE #200  
City-State-Zip: PALO ALTO CA 94301

Title            CFO  
Name            HUTCHINSON, MICHAEL  
Address        150 MATHILDA PL  
                 SUITE 600  
City-State-Zip: SUNNYVALE CA 94086

Title            CHIEF TECHNOLOGY OFFICER  
Name            MALLADI, SASTRY  
Address        150 MATHILDA PL  
                 SUITE 600  
City-State-Zip: SUNNYVALE CA 94086

Title            DIRECTOR  
Name            MONTGOMERY, JAMES  
Address        150 MATHILDA PL  
                 SUITE 600  
City-State-Zip: SUNNYVALE CA 94086

*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: MICHAEL HUTCHINSON**

**CHIEF FINANCIAL  
OFFICER**

**01/15/2020**

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

\_\_\_\_\_  
Date