

2021 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

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

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

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

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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: MICHAEL HUTCHINSON

CFO

02/02/2021

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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