

**2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F18000000287

Entity Name: LOGICMONITOR, INC.

**Current Principal Place of Business:**

820 STATE STREET, 5TH FLOOR  
SANTA BARBARA, CA 93101

**Current Mailing Address:**

820 STATE STREET, 5TH FLOOR  
SANTA BARBARA, CA 93101 US

FEI Number: 45-1344638

Certificate of Status Desired: Yes

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

COHEN, JOSUA ADAM  
3290 19TH AVE SW  
NAPLES, FL 34117 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 CP  
Name MCGIBBEN, KEVIN G  
Address 820 STATE STREET, 5TH FLOOR  
City-State-Zip: SANTA BARBARA CA 93101

Title VC  
Name ATLAS, RYAN  
Address 820 STATE STREET, 5TH FLOOR  
City-State-Zip: SANTA BARBARA CA 93101

Title D  
Name SHETH, BRIAN N.  
Address 820 STATE STREET, 5TH FLOOR  
City-State-Zip: SANTA BARBARA CA 93101

Title D  
Name VON BLOTTNITZ, ANDREAS  
Address 820 STATE STREET, 5TH FLOOR  
City-State-Zip: SANTA BARBARA CA 93101

Title VP  
Name ATLAS, RYAN  
Address 820 STATE STREET, 5TH FLOOR  
City-State-Zip: SANTA BARBARA CA 93101

Title S  
Name FANOUS, ZIAD S  
Address 820 STATE STREET, 5TH FLOOR  
City-State-Zip: SANTA BARBARA CA 93101

Title T  
Name FANOUS, ZIAD  
Address 820 STATE STREET, 5TH FLOOR  
City-State-Zip: SANTA BARBARA CA 93101

Title DIRECTOR  
Name TEILLON, MARC  
Address 820 STATE STREET, 5TH FLOOR  
City-State-Zip: SANTA BARBARA CA 93101

**Continues on page 2**

*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: ZIAD FANOUS

CFO

06/19/2019

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

\_\_\_\_\_ Date

**Officer/Director Detail Continued :**

Title           DIRECTOR  
Name           BOLIN, BRET  
Address        820 STATE STREET, 5TH FLOOR  
City-State-Zip: SANTA BARBARA CA 93101

Title           DIRECTOR  
Name           REARDON, THOMAS  
Address        820 STATE STREET, 5TH FLOOR  
City-State-Zip: SANTA BARBARA CA 93101