

**2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F08000004546

**Entity Name:** PATHWORK DIAGNOSTICS, INC.

**Current Principal Place of Business:**

595 PENOBSCOT DRIVE  
REDWOOD CITY, CA 94063

**Current Mailing Address:**

595 PENOBSCOT DRIVE  
REDWOOD CITY, CA 94063 US

**FEI Number: 46-0486852**

**Certificate of Status Desired: No**

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

CORPDIRECT AGENTS, INC.  
515 E. PARK AVENUE  
TALLAHASSEE, FL 32314 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            MCCRACKEN, LEE R  
Address        595 PENOBSCOT DRIVE  
City-State-Zip: REDWOOD CITY CA 94063

Title            DIR.  
Name            BASTIANI, RICHARD  
Address        18700 SERRAMONTE DRIVE  
City-State-Zip: LOS GATOS CA 95030

Title            DIR.  
Name            TANNENBAUM, JAMES B  
Address        ONE MONTGOMERY STREET, SUITE  
                  2800  
City-State-Zip: SAN FRANCISCO CA 94104

Title            DIR.  
Name            MACK, DAVID  
Address        595 PENOBSCOT DRIVE  
City-State-Zip: REDWOOD CITY CA 94063

Title            DIR.  
Name            KLAUSNER, RICK  
Address        1700 OWENS STREET, SUITE 595  
City-State-Zip: SAN FRANCISCO CA 94158

Title            DIR.  
Name            HAAS, KENNETH H  
Address        3000 SAND HILL ROAD, B4-115  
City-State-Zip: MENLO PARK CA 94025

Title            DIRECTOR  
Name            KLEMM, PETER  
Address        595 PENOBSCOT DRIVE  
City-State-Zip: REDWOOD CITY CA 94063

Title            DIRECTOR  
Name            RASHID, CHRISTINA  
Address        595 PENOBSCOT DRIVE  
City-State-Zip: REDWOOD CITY CA 94063

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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: SHARON TETLOW**

**CFO**

**02/05/2013**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title CFO  
Name TETLOW, SHARON E  
Address 595 PENOBSCOT DRIVE  
City-State-Zip: REDWOOD CITY CA 94063