

**2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F13000002276

**FILED**  
**Apr 19, 2016**  
**Secretary of State**  
**CC7021831687**

**Entity Name:** PATRA CORPORATION

**Current Principal Place of Business:**

27 COMMERCIAL BLVD, SUITE P  
NOVATO, CA 94949

**Current Mailing Address:**

27 COMMERCIAL BLVD, SUITE P  
NOVATO, CA 94949

**FEI Number:** 20-2282001

**Certificate of Status Desired:** No

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

NRAI SERVICES, INC  
1200 SOUTH PINE ISLAND RD  
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           PTD  
Name           SIMPSON, JOHN S  
Address        27 COMMERCIAL BLVD, SUITE P  
City-State-Zip: NOVATO CA 94949

Title           C  
Name           HEFFERNAN, MICHAEL  
Address        27 COMMERCIAL BLVD, SUITE P  
City-State-Zip: NOVATO CA 94949

Title           D  
Name           CHAPMAN, GREG S  
Address        27 COMMERCIAL BLVD, SUITE P  
City-State-Zip: NOVATO CA 94949

Title           DIRECTOR  
Name           GOULD, GORDON L  
Address        919 JUNIPER AVE  
City-State-Zip: BOULDER CO 80304

*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:** JOHN S. SIMPSON

**DIRECTOR**

**04/19/2016**

Electronic Signature of Signing Officer/Director Detail

Date