

2022 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F16000000278

FILED
Jan 26, 2022
Secretary of State
8576632560CC

Entity Name: EARLENS CORPORATION

Current Principal Place of Business:

4045A CAMPBELL AVENUE
MENLO PARK, CA 94025

Current Mailing Address:

4045A CAMPBELL AVENUE
MENLO PARK, CA 94025 US

FEI Number: 20-3834883

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

COGENCY GLOBAL INC.
115 NORTH CALHOUN ST. STE 4
TALLAHASSEE, FL 32301 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 FACTEREAU, WILLIAM
Address 4045A CAMPBELL AVENUE
City-State-Zip: MENLO PARK CA 94025

Title D
Name PERKINS, RODNEY MD
Address 4045A CAMPBELL AVENUE
City-State-Zip: MENLO PARK CA 94025

Title S
Name OETTINGER, PHILIP
Address 650 PAGE MILL ROAD
City-State-Zip: PALO ALTO CA 94304

Title DIRECTOR
Name PRESCOTT, TOM
Address 4045A CAMPBELL AVENUE
City-State-Zip: MENLO PARK CA 94025

Title DIRECTOR
Name PLAIN, HANK
Address 4045A CAMPBELL AVENUE
City-State-Zip: MENLO PARK CA 94025

Title DIRECTOR
Name GARFIELD, GREG
Address 4045A CAMPBELL AVENUE
City-State-Zip: MENLO PARK CA 94025

Title DIRECTOR
Name KASSAR, NAEL
Address 4045A CAMPBELL AVENUE
City-State-Zip: MENLO PARK CA 94025

Title COO
Name SAMUEL, JOEL CONNON
Address 4045A CAMPBELL AVENUE
City-State-Zip: MENLO PARK CA 94025

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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: WILLIAM FACTEREAU

PRESIDENT & CEO

01/26/2022

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title CONTROLLER
Name BROUSE, OLIVER
Address 4045A CAMPBELL AVENUE
City-State-Zip: MENLO PARK CA 94025