2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F1600000278

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

Name and Address of Current Registered Agent:

COGENCY GLOBAL INC. 115 NORTH CALHOUN ST. STE 4 TALLAHASSEE, FL 32301 US

FILED			
May 19, 2023			
Secretary of State			
0295495591CC			

Date

Certificate of Status Desired: No

DEE, 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

Officer/Director Detail :

Title	СР	Title	D	
Name	FACTEAU, WILLIAM	Name	PERKINS, RODNEY MD	
Address	4045A CAMPBELL AVENUE	Address	4045A CAMPBELL AVENUE	
City-State-Zip:	MENLO PARK CA 94025	City-State-Zip:	MENLO PARK CA 94025	
Title	S	Title	DIRECTOR	
Name	OETTINGER, PHILIP	Name	PRESCOTT, TOM	
Address	650 PAGE MILL ROAD	Address	4045A CAMPBELL AVENUE	
City-State-Zip:	PALO ALTO CA 94304	City-State-Zip:	MENLO PARK CA 94025	
Title	DIRECTOR	Title	DIRECTOR	
Title Name	DIRECTOR PLAIN, HANK	Title Name	DIRECTOR GARFIELD, GREG	
Name	PLAIN, HANK	Name	GARFIELD, GREG	
Name Address City-State-Zip:	PLAIN, HANK 4045A CAMPBELL AVENUE MENLO PARK CA 94025	Name Address	GARFIELD, GREG 4045A CAMPBELL AVENUE	
Name Address City-State-Zip: Title	PLAIN, HANK 4045A CAMPBELL AVENUE MENLO PARK CA 94025 COO	Name Address City-State-Zip:	GARFIELD, GREG 4045A CAMPBELL AVENUE MENLO PARK CA 94025	
Name Address City-State-Zip: Title Name	PLAIN, HANK 4045A CAMPBELL AVENUE MENLO PARK CA 94025 COO SAMUEL, JOEL CONNON	Name Address City-State-Zip: Title	GARFIELD, GREG 4045A CAMPBELL AVENUE MENLO PARK CA 94025 CONTROLLER	
Name Address City-State-Zip: Title	PLAIN, HANK 4045A CAMPBELL AVENUE MENLO PARK CA 94025 COO	Name Address City-State-Zip: Title Name	GARFIELD, GREG 4045A CAMPBELL AVENUE MENLO PARK CA 94025 CONTROLLER BROUSE, OLIVER 4045A CAMPBELL AVENUE	

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 FACTEAU

PRESIDENT

05/19/2023

Electronic Signature of Signing Officer/Director Detail

Date