

**2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F21000000386

**FILED**  
**Apr 25, 2023**  
**Secretary of State**  
**7801298620CC**

**Entity Name:** SINGULARITY EDUCATION GROUP, A CALIFORNIA BENEFIT CORPORATION

**Current Principal Place of Business:**

1049 EL MONTE AVENUE, SUITE C #16  
MOUNTAIN VIEW, CA 94040

**Current Mailing Address:**

1049 EL MONTE AVENUE, SUITE C#16  
MOUNTAIN VIEW, CA 94040 US

**FEI Number:** 45-5022749

**Certificate of Status Desired:** No

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

PARACORP INCORPORATED  
155 OFFICE PLAZA DRIVE, 1ST FLOOR  
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 CEO, DIRECTOR  
Name LEONARD, STEVE  
Address 1049 EL MONTE AVE, SUITE C #16  
City-State-Zip: MOUNTAIN VIEW CA 94040

Title CFO, DIRECTOR  
Name MEE, DERMOT  
Address 1049 EL MONTE AVE, SUITE C #16  
City-State-Zip: MOUNTAIN VIEW CA 94040

Title DIRECTOR  
Name ANDERSON, ERIK  
Address 1049 EL MONTE AVENUE, SUITE C #16  
City-State-Zip: MOUNTAIN VIEW CA 94040

Title DIRECTOR  
Name DIAMAMDIS, PETER  
Address 1049 EL MONTE AVENUE, SUITE C #16  
City-State-Zip: MOUNTAIN VIEW CA 94040

Title DIRECTOR  
Name STONE, LISA  
Address 1049 EL MONTE AVENUE, SUITE C #16  
City-State-Zip: MOUNTAIN VIEW CA 94040

Title DIRECTOR  
Name KURZWEIL, RAY  
Address 1049 EL MONTE AVENUE, SUITE C #16  
City-State-Zip: MOUNTAIN VIEW CA 94040

Title DIRECTOR  
Name JAIN, NAVEEN  
Address 1049 EL MONTE AVENUE, SUITE C #16  
City-State-Zip: MOUNTAIN VIEW CA 94040

*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:** DERMOT MEE

**CFO**

**04/25/2023**

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

\_\_\_\_\_  
Date