

Secretary of State Statement of Information 96

(California Stock, Agricultural Cooperative and Foreign Corporations)

IMPORTANT — Read instructions before completing this form.

Fees (Filing plus Disclosure) - \$25.00;

SI-550

FILED

Secretary of State State of California

FEB 2 1 2017

Copy Fees — First page \$1.00; each attachment page \$0.50; Certification Fee - \$5.00 plus copy fees 1. Corporation Name (Enter the exact name of the corporation as it is currently recorded with the California Secretary of State) Satori Worldwide, Inc.			26/25/PC This Space For Office Use Only 2. 7-Digit Secretary of State File Number 3989449				
3. Business Addresses			T =11 /			- · ·	
a. Street Address of Principal Executive Office - Do not list a P.O. Box 2225 East Bayshore Road, Suite 200			City (no abbreviations) State Palo Alto CA		State CA	Zip Code 94303	
b.Mailing Address of Corporation, If different than item 3a				City (no abbreviations) State		Zip Code	
c. Street Address of Principal California Office, if any and if different than Item 3a - Do not list a P.O. Box			City (r	City (no abbreviations) Sta		Zip Code	
4. Officers The Corporation is required to list all three of the officers set forth below. An additional title for the Chief Executive Officer and Chief Financial Officer may be added; however, the preprinted titles on this form must not be altered.							
a. Chief Executive Officer/ Kristen	First Name	Middle Name		Last Name Dumont			Suffix
Address 2225 East Bayshore Road, Suite 200			City (r Palo	no abbreviations) Alto	State Zip Code CA 94303		
b. Secretary Victoria	First Name	Middle Name	1,	Last Name Valenzuela	<u> </u>		Suffix
Address 2225 East Bayshore Road, Suite 200			City (t Palo	no abbreviations) Alto	State CA	Zip Coo 9430	
c. Chief Financial Officer/ Victoria	First Name	Middle Name		Last Name Valenzuela	· · · · · · · · · · · · · · · · · · ·		Suffix
Address 2225 East Bayshore Ro	oad, Suite 200		City (r Palo	no abbreviations) Alto	State CA	Zíp Cod 9430	
5. Director(s)	California Stock and Agricultural Corporation has additional directo					st be liste	d. If the
a. First Name		Middle Name		Last Name			Suffix
Address			City (r	no abbreviations)	State	Zip Cod	le
b. Number of Vacancies on the Boa	rd of Directors, if any					l	
6. Agent for Service of Process	Item 6a and 6b: If the agent is a agent's name and California addr certificate must be on file with the	ess. Item 6c: If the agent is	s a Calif	fornia Registered Corporate	Agent, a current	agent reg	
a. California Agent's First Name (if a	igent is not a corporation)	Middle Name		Last Name			Suffix
b. Street Address (if agent is not a corporation) - Do not list a P.O. Box			City (r	no abbreviations)	State CA	Zip Cod	le
c. California Registered Corporate A CORPORATION SERVICE C	agent's Name (if agent is a corporation) – COMPANY WHICH WILL DO BU	Do not complete item 6a or 6b JSINESS IN CALIFORNIA	A AS C	SC - LAWYERS INCORP	ORATING SER	VICE C	1592199
7 Type of Business							

Describe the type of business or services of the Corporation

8. The Information contained herein, including in any attachments, is true and correct.

2/21/17

Victoria Valenzuela

Secretary

Title

Type or Print Name of Person Completing the Form

Signature

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SI-550 (REV 11/2016)