



Secretary of State
Statement of Information
(California Stock, Agricultural
Cooperative and Foreign Corporations)

SI-550

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FILED
Secretary of State
State of California

AUG 30 2019

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This Space For Office Use Only

IMPORTANT — Read instructions before completing this form.

Fees (Filing plus Disclosure) – \$25.00;

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 recorded with the California Secretary of State. Note: If you registered in California using an assumed name, see instructions.)

LUMIATA, INC.

2. 7-Digit Secretary of State File Number

C3586634

3. Business Addresses

a. Street Address of Principal Executive Office - Do not list a P.O. Box 489 S. EL CAMINO REAL	City (no abbreviations) SAN MATEO	State CA	Zip Code 94402
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 (no abbreviations)	State CA	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/ First Name DILAWAR	Middle Name	Last Name SYED	Suffix
Address 489 S. EL CAMINO REAL		City (no abbreviations) SAN MATEO	State CA Zip Code 94402
b. Secretary First Name DILAWAR	Middle Name	Last Name SYED	Suffix
Address 489 S. EL CAMINO REAL		City (no abbreviations) SAN MATEO	State CA Zip Code 94402
c. Chief Financial Officer/ First Name DILAWAR	Middle Name	Last Name SYED	Suffix
Address 489 S. EL CAMINO REAL		City (no abbreviations) SAN MATEO	State CA Zip Code 94402

5. Director(s)

California Stock and Agricultural Cooperative Corporations ONLY: Item 5a: At least one name and address must be listed. If the Corporation has additional directors, enter the name(s) and addresses on Form SI-550A (see instructions).

a. First Name	Middle Name	Last Name	Suffix
Address		City (no abbreviations)	State Zip Code
b. Number of Vacancies on the Board of Directors, if any	<input type="text"/>		

6. Service of Process (Must provide either Individual OR Corporation.)

INDIVIDUAL – Complete Items 6a and 6b only. Must include agent's full name and California street address.

a. California Agent's First Name (if agent is not a corporation)	Middle Name	Last Name	Suffix
b. Street Address (if agent is not a corporation) - Do not enter a P.O. Box	City (no abbreviations)	State CA	Zip Code

CORPORATION – Complete Item 6c only. Only include the name of the registered agent Corporation.

c. California Registered Corporate Agent's Name (if agent is a corporation) – Do not complete Item 6a or 6b
Corporation Service Company which will do business in California as CSC-Lawyers
(C1592199)

7. Type of Business

Incorporating Service
Describe the type of business or services of the Corporation
technology

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

7/25/2019
Date

JULAYNE LEE
Type or Print Name of Person Completing the Form

DIRECTOR, Julayne Lee
Title Signature
BUSINESS OPERATIONS