



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2017

Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number 000511261		2. Exact name of the Corporation APPLANIX CORPORATION											
3. Principal Office Address 85 LEEK CRESCENT		City RICHMOND HILL	State ONTARIO	Zip L4B 3B3									
4. NAICS Code 54 - Professional, Scientific, and	6. Brief description of the character of business conducted in Rhode Island SALE OF MOBILE MAPPING AND POSITIONING PRODUCTS AND SOLUTIONS.												
5. State of Incorporation CANADA													
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input checked="" type="checkbox"/>													
President Name SEE ATTACHED LIST.		Vice-President Name											
Street Address		Street Address											
City	State	Zip	City	State									
Secretary Name		Treasurer Name											
Street Address		Street Address											
City	State	Zip	City	State									
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>													
Director Name STEVEN W BERGLUND		Director Name JAMES A KIRKLAND											
Street Address 935 STEWART DRIVE		Street Address 935 STEWART DRIVE											
City SUNNYVALE	State CA	Zip 94085	City SUNNYVALE	State CA									
Director Name STEVEN WOOLVEN		Director Name											
Street Address 85 LEEK CRESCENT		Street Address											
City RICHMOND HILL	State ON	Zip L4B 3B3	City	State									
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>											
		<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE						
NUMBER OF SHARES	CLASS/SERIES	PAR VALUE											
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee. Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.													
Name of Authorized Representative John E. Huey III			Date March 15, 2017										
Signature of Authorized Representative <i>John E. Huey III</i>			SIGN DOCUMENT HERE FILED										

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

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FORM 630 - Revised: 02/2017

ENTITY ID #: 000511261

NAME	POSITION	BUSINESS ADDRESS
STEVEN WOOLVEN	PRESIDENT	85 LEEK CRESCENT, RICHMOND HILL, ONTARIO, L4B 3B3 CANADA
JAMES A KIRKLAND	VICE PRESIDENT AND SECRETARY	935 STEWART DRIVE, SUNNYVALE, CA 94085
STEVEN W BERGLUND	CHIEF EXECUTIVE OFFICER	935 STEWART DRIVE, SUNNYVALE, CA 94085
JOHN E HUEY III	VICE PRESIDENT AND CHIEF FINANCIAL OFFICER	935 STEWART DRIVE, SUNNYVALE, CA 94085
BRUNO SCHERZINGER	VICE PRESIDENT	85 LEEK CRESCENT, RICHMOND HILL, ONTARIO, L4B 3B3 CANADA