

Secretary of State Statement of Information



SI-100

California Nonprofit, Credit Union and General Cooperative Corporations)

MPORTANT —	Read	instructions	hefore	complet	ina	this form
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Filing Fee - \$20.00;

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

Better Cupertino

FILED

Secretary of State State of California

APR 1 7 2017

This Space For Office Use Only

2. 7-Digit Secretary of State File Number

4006497

3	Business	hbA.	resses

a. Street Address of California Principal Office, if any - Do not enter a P.O. Box	City (no abbreviations)	State	Zip Code
10103 Senate Way	Cupertino	CA	95014
b. Mailing Address of Corporation, if different than item 3a	City (no abbreviations)	State	Zip Code

The Corporation is required to enter the names and addresses of all three of the officers set forth below. An additional title for Chief Executive Officer 4. Officers or Chief Financial Officer may be added; however, the preprinted titles on this form must not be altered.

a. Chief Executive Officer/	First Name	Middle Name		Last Name			Suffix
Jon		Robert V		Willey			
Address		City (no abbreviations)		State	Zip Code	I , , , , ,	
18870 Tilson Avenue			Cupe	rtino	CA	95014	
b. Secretary	First Name	Middle Name		Last Name		1.	Suffix
Caryl		A		Gorska			
Address	a kamanana and marmohomid or millionid di tal komunité A tribindo (1911 a Pak a 1911 Ministra. Il	M DECEMBER DE MINE SER MAY "- COMMENS DE LINE MINE DE LANS MINE IL SE L'ANDRÉS DE LINE	City (no	abbreviations)	State	Zıp Code	
10103 Senate Way			Cupe	rtino	CA	95014	
c. Chief Financial Officer/	First Name	Middle Name		Last Name	•		Suffix
Jim				Moore		•	
Address	ander it de halfs. Admitte freid Mich. Ammer underweht dermiter und Ammer anderdes a. Ammer und zu Ammer	mana manayan iya ayar 1 manaya ayar bayar ana, aya a ayar ana a manayar iyan a ana ayar ana maraya ma	City (no	abbreviations)	State	Zip Code	
21962 Lindy Lane	•	•	Cupertino CA 950		95014		

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

INDIVIDUAL - Complete Items 5a and 5b 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	
Caryl	Α	Gorska			i
b. Street Address (if agent is not a corporation) - Do not enter a P.O. Box	City (no abbreviations)		State	Zıp Code	
10103 Senate Way Cupertino		CA	95014		

CORPORATION - Complete Item 5c 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 5a or 5b

6. Common Interest Developments

Check here if the corporation is an association formed to manage a common interest development under the Davis-Sterling
 Common Interest Development Act (California Civil Code section 4000, et seq.) or under the Commercial and Industrial Common
Interest Development Act (California Civil Code section 6500, et seq.). The corporation must file a Statement by Common Interest
Development Association (Form SI-CID) as required by California Civil Code sections 5405(a) and 6760(a). See Instructions.

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

Type or Print Name of Person Completing the Form

04/13/2017

Date

Caryl Gorska

Secretary

www.sos.ca.gov/business/be