

**2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F13000002129

**Entity Name:** WIMBERLY ALLISON TONG & GOO NA, INC.

**FILED**  
**Apr 30, 2014**  
**Secretary of State**  
**CC8790870289**

**Current Principal Place of Business:**

8001 IRVINE CENTER DRIVE  
SUITE 500  
IRVINE, CA 92618

**Current Mailing Address:**

8001 IRVINE CENTER DRIVE  
SUITE 500  
IRVINE, CA 92618

**FEI Number:** 20-4481979

**Certificate of Status Desired:** No

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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 CFO, TREASURER, DIRECTOR  
Name PRIEBE, PETER  
Address 8001 IRVINE CENTER DR., SUITE 500  
City-State-Zip: IRVINE CA 92618

Title SECRETARY, DIRECTOR  
Name BROWN, WILLIAM P  
Address 8001 IRVINE CENTER DR., SUITE 500  
City-State-Zip: IRVINE CA 92618

Title DIRECTOR  
Name REED, WILLIAM  
Address 8001 IRVINE CENTER DR., SUITE 500  
City-State-Zip: IRVINE CA 92618

Title PRESIDENT  
Name SEYLE, MICHAEL R  
Address 8001 IRVINE CENTER DR., SUITE 500  
City-State-Zip: IRVINE CA 92618

*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:** PETER PRIEBE

CFO

04/30/2014

Electronic Signature of Signing Officer/Director Detail

Date