# 2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT

### DOCUMENT# F13000002129

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

## **Current Principal Place of Business:**

300 SPECTRUM CENTER DRIVE SUITE 500 IRVINE, CA 92618

### **Current Mailing Address:**

300 SPECTRUM CENTER DRIVE SUITE 500 IRVINE, CA 92618 US

# FEI Number: 20-4481979

### 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

### **Officer/Director Detail :**

Title	CFO, TREASURER, DIRECTOR	Title	SECRETARY, DIRECTOR	
Name	PRIEBE, PETER	Name	BROWN, WILLIAM P	
Address	300 SPECTRUM CENTER DRIVE SUITE 500	Address	300 SPECTRUM CENTER DRIVE SUITE 500	
City-State-Zip:	IRVINE CA 92618	City-State-Zip:	IRVINE CA 92618	
Title	PRESIDENT, CEO, DIRECTOR	Title	DIRECTOR	
Name	SEYLE, MICHAEL R	Name	VILLEGAS, GREGORY	
Address	300 SPECTRUM CENTER DRIVE SUITE 500	Address	300 SPECTRUM CENTER DRIVE SUITE 500	
City-State-Zip:	IRVINE CA 92618	City-State-Zip:	IRVINE CA 92618	
Title	DIRECTOR	Title	DIRECTOR	
Name	REHILL, DENNIS	Name	HURST, CHRISTOPHER	
Address	217 PINE ST	Address	111 W. ILLINOIS ST	
	SUITE 800	City-State-Zip:	CHICAGO IL 60654	
City-State-Zip:	SEATTLE WA 98101			

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

04/26/2017

Date

Electronic Signature of Signing Officer/Director Detail

Certificate of Status Desired: No

Date