

**2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F13000002129

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

**FILED**  
**Apr 25, 2018**  
**Secretary of State**  
**CC8483325834**

**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

**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 300 SPECTRUM CENTER DRIVE  
SUITE 500  
City-State-Zip: IRVINE CA 92618

Title SECRETARY, DIRECTOR  
Name BROWN, WILLIAM P  
Address 300 SPECTRUM CENTER DRIVE  
SUITE 500  
City-State-Zip: IRVINE CA 92618

Title PRESIDENT, CEO  
Name MALLOWS, ANTHONY  
Address 300 SPECTRUM CENTER DRIVE  
SUITE 500  
City-State-Zip: IRVINE CA 92618

Title DIRECTOR  
Name VILLEGAS, GREGORY  
Address 300 SPECTRUM CENTER DRIVE  
SUITE 500  
City-State-Zip: IRVINE CA 92618

Title DIRECTOR  
Name REHILL, DENNIS  
Address 217 PINE ST  
SUITE 800  
City-State-Zip: SEATTLE WA 98101

Title DIRECTOR  
Name HURST, CHRISTOPHER  
Address 111 W. ILLINOIS ST  
City-State-Zip: CHICAGO IL 60654

Title DIRECTOR  
Name CUERVO, MONICA  
Address 300 SPECTRUM CENTER DRIVE  
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**

**04/25/2018**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date