## **2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F13000002129

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

Apr 25, 2019 Secretary of State 1718486869CC

**FILED** 

## **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

Officer/Director Detail:

Title EXECUTIVE VP, CIIO, DIRECTOR Title SECRETARY, DIRECTOR

Name PRIEBE, PETER Name BROWN, WILLIAM P

Address 300 SPECTRUM CENTER DRIVE Address 300 SPECTRUM CENTER DRIVE

SUITE 500 SUITE 500

City-State-Zip: IRVINE CA 92618 City-State-Zip: IRVINE CA 92618

Title PRESIDENT, CEO Title DIRECTOR

Name MALLOWS, ANTHONY Name VILLEGAS, GREGORY

Address 300 SPECTRUM CENTER DRIVE Address 300 SPECTRUM CENTER DRIVE

SUITE 500 SUITE 500

City-State-Zip: IRVINE CA 92618 City-State-Zip: IRVINE CA 92618

Title DIRECTOR Title DIRECTOR

Name HURST, CHRISTOPHER Name CUERVO, MONICA

Address 104 S. MICHIGAN AVE Address 300 SPECTRUM CENTER DRIVE

SUITE 720 SUITE 500

City-State-Zip: CHICAGO IL 60603 City-State-Zip: IRVINE CA 92618

 Title
 VP, CFO
 Title
 DIRECTOR

 Name
 DE ANDA, JUAN
 Name
 REED, WILLIAM

Address 300 SPECTRUM CENTER DRIVE Address 8 COMMONWEALTH LANE

SUITE 500 #02-03

City-State-Zip: IRVINE CA 92618 City-State-Zip: SINGAPORE SINGAPORE 149555

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: JUAN DE ANDA CFO 04/25/2019

Date