

2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P14696

Entity Name: HEAD DISTRIBUTING COMPANY**Current Principal Place of Business:**395 OYSTER POINT BLVD., SUITE 415
SOUTH SAN FRANCISCO, CA 94080**Current Mailing Address:**395 OYSTER POINT BLVD., SUITE 415
SOUTH SAN FRANCISCO, CA 94080**FEI Number:** 58-1095258**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**NRAI SERVICES, INC.
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 | PCEO |
| Name | PERKINS, THOMAS |
| Address | 395 OYSTER POINT BLVD., STE. 415 |
| City-State-Zip: | SOUTH SAN FRANCISCO CA 94080-1932 |

| | |
|-----------------|-----------------------------------|
| Title | CFO |
| Name | LORETZ-CONGDON, STACY |
| Address | 395 OYSTER POINT BLVD. STE 415 |
| City-State-Zip: | SOUTH SAN FRANCISCO CA 94080-1932 |

| | |
|-----------------|-----------------------------------|
| Title | T |
| Name | ANTHOLZNER, GREGORY P |
| Address | 395 OYSTER POINT BLVD., STE. 412 |
| City-State-Zip: | SOUTH SAN FRANCISCO CA 94080-1932 |

| | |
|-----------------|-----------------------------------|
| Title | V |
| Name | WAN, CYRIL |
| Address | 395 OYSTER POINT BLVD., STE. 415 |
| City-State-Zip: | SOUTH SAN FRANCISCO CA 94080-1932 |

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|-----------------|-----------------------------------|
| Title | S |
| Name | ANTHOLZNER, GREGORY |
| Address | 395 OYSTER POINT BLVD., STE. 412 |
| City-State-Zip: | SOUTH SAN FRANCISCO CA 94080-1932 |

| | |
|-----------------|-----------------------------------|
| Title | V |
| Name | ANTHOLZNER, GREGORY P |
| Address | 395 OYSTER POINT BLVD., STE. 412 |
| City-State-Zip: | SOUTH SAN FRANCISCO CA 94080-1932 |

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: GREGORY P. ANTHOLZNER**SECRETARY****04/27/2013**

Electronic Signature of Signing Officer/Director Detail

Date