

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F10000000181

FILED
Apr 19, 2012
Secretary of State

Entity Name: QUALITY CUSTOM DISTRIBUTION SERVICES, INC.

Current Principal Place of Business:

18301 VON KARMAN, #1100
IRVINE, CA 92612

New Principal Place of Business:

18301 VON KARMAN AVE, #1100
IRVINE, CA 92612

Current Mailing Address:

18301 VON KARMAN, #1100
IRVINE, CA 92612

New Mailing Address:

18301 VON KARMAN AVE, #1100
IRVINE, CA 92612

FEI Number: 20-3289289

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PD
Name: JORGE, ROBERT W
Address: 18301 VON KARMAN AVE, #1100
City-St-Zip: IRVINE, CA 92612

Title: VP
Name: TANDOI, LARRY
Address: 18301 VON KARMAN AVE, #1100
City-St-Zip: IRVINE, CA 92612

Title: SD
Name: PAGE, JOHN
Address: 18301 VON KARMAN AVE, #1100
City-St-Zip: IRVINE, CA 92612

Title: AS
Name: DUFFY, CATHERINE
Address: 18301 VON KARMAN AVE, #1100
City-St-Zip: IRVINE, CA 92612

Title: D
Name: SANDERSON, WILLIAM D
Address: 18301 VON KARMAN AVE, #1100
City-St-Zip: IRVINE, CA 92612

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: JOHN PAGE

SD

04/19/2012

Electronic Signature of Signing Officer or Director

Date