2008 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Jan 18, 2008 8:00 am Secretary of State DOCUMENT # F96000005655 01-18-2008 90008 001 ***150.00 1. Entity Name AUTÓBYTEL INC. Principal Place of Business Mailing Address 40009100 18872 MACARTHUR BOULARD 18872 MACARTHUR BOULARD IRVINE, CA 92612 US IRVINE, CA 92612 US 3. Mailing Address 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. Suite, Apt. #, etc. 01082008 Cha-P CR2E034 (12/06) Applied For City & State 4 FEI Number City & State 33-0711569 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 City Zip Code 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE_ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. DCOF TITLE Delete TITLE Change Addition RIESENBACH, JAMES E NAME NAME 18872 MACARTHUR BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **IRVINE, CA 92612** CITY-ST-ZIP ☐ Addition Delete TITLE ☐ Change TITLE FUCHS, MICHAEL J NAME NAME STREET ADDRESS 800 THIRD AVENUE, STE. 3700 STREET ADDRESS CITY-ST-ZIP NEW YORK, NY 10022 City-St-7IP Delete TITLE **K** Change ☐ Addition Coats, Jeffrey H. 717 Fifth Ave., Suite 1404 New York, NY 10022 COATS, JEFFREY H NAME 556 INDUSTRIAL WAY WEST STREET ADDRESS STREET ADDRESS EATONTOWN, NJ 07724 CITY-ST-ZIF CITY-ST-ZIP Delete ☐ Change Addition TITLE GRIMES, ROBERT S NAME NAME 595 MADISON AVENUE, 39TH FLOOR STREET ADDRESS STREET ADDRESS NEW YORK, NY 10022 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition AMIR, ARIEL NAME NAME 18872 MACARTHUR BLVD STREET ADDRESS STREET ADDRESS **IRVINE, CA 92612** CITY-ST-ZIP CITY-ST-ZIP VP/Controller ☐ Change X Addition Delete TITLE DeWalt, Curtis RICHLING, JILL NAME NAME 18872 MacArthur Blvd. Irvine, CA 92612 18872 MACARTHUR BLVD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **IRVINE, CA 92612** CITY-ST-ZIP 12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 bustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address; with all other like empowered.

Ariel Amir

RE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR

01/15/08

Date

(949) 225-4500

Davima Phone #

FILED