

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000006159

FILED  
Apr 26, 2006  
Secretary of State

Entity Name: AURUM TECHNOLOGY INC.

## Current Principal Place of Business:

601 RIVERSIDE AVE.  
JACKSONVILLE, FL 32204

## New Principal Place of Business:

## Current Mailing Address:

17911 VON KARMAN AVE., SUITE 300  
IRVINE, CA 92614

## New Mailing Address:

FEI Number: 06-1150826      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND RD.  
PLANTATION, FL 33324 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: COB ( ) Delete  
Name: FOLEY, WILLIAM P II  
Address: 601 RIVERSIDE AVE.  
City-St-Zip: JACKSONVILLE, FL 32204

Title: DEVP ( ) Delete  
Name: SMITH, ERNEST D  
Address: 601 RIVERSIDE AVE.  
City-St-Zip: JACKSONVILLE, FL 32204

Title: DS ( ) Delete  
Name: GRAVELLE, MICHAEL L  
Address: 601 RIVERSIDE AVE.  
City-St-Zip: JACKSONVILLE, FL 32204

Title: CFO ( ) Delete  
Name: MALOCH, ROGER  
Address: 601 RIVERSIDE AVE  
City-St-Zip: JACKSONVILLE, FL 32204

Title: AS ( ) Delete  
Name: JOHNSON, TODD C  
Address: 601 RIVERSIDE AVE.  
City-St-Zip: JACKSONVILLE, FL 32204

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEO (X) Change ( ) Addition  
Name: FOLEY, WILLIAM P II  
Address: 601 RIVERSIDE AVE.  
City-St-Zip: JACKSONVILLE, FL 32204

Title: DS (X) Change ( ) Addition  
Name: GRAVELLE, MICHAEL L  
Address: 601 RIVERSIDE AVE.  
City-St-Zip: JACKSONVILLE, FL 32204

Title: VPAS (X) Change ( ) Addition  
Name: JOHNSON, TODD C  
Address: 601 RIVERSIDE AVE.  
City-St-Zip: JACKSONVILLE, FL 32204

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: EVP (X) Change ( ) Addition  
Name: STINSON, ALAN L  
Address: 601 RIVERSIDE AVE.  
City-St-Zip: JACKSONVILLE, FL 32204

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: MICHAEL L GRAVELLE

Electronic Signature of Signing Officer or Director

DS

04/26/2006

\_\_\_\_\_ Date