

2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000002788

Entity Name: CU DIRECT CORPORATION**Current Principal Place of Business:**18400 VON KARMEN AVE
SUITE 900
IRVINE, CA 92612**Current Mailing Address:**2855 EAST GUASTI ROAD
SUITE 500
ONTARIO, CA 91761 US**FEI Number:** 95-4512320**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 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 PRESIDENT, CEO
Name BOUTELLE, TONY
Address 18400 VON KARMEN AVE
 SUITE 900
City-State-Zip: IRVINE CA 92612

Title DIRECTOR
Name MARTINEZ, BRETT
Address 18400 VON KARMEN AVE
 SUITE 900
City-State-Zip: IRVINE CA 92612

Title DIRECTOR
Name BLAND, DONNA
Address 18400 VON KARMEN AVE
 SUITE 900
City-State-Zip: IRVINE CA 92612

Title DIRECTOR, SECRETARY,
 TREASURER
Name LAFFOON, JIM
Address 18400 VON KARMEN AVE
 SUITE 900
City-State-Zip: IRVINE CA 92612

Title DIRECTOR
Name PORTER, BENSON
Address 18400 VON KARMEN AVE
 SUITE 900
City-State-Zip: IRVINE CA 92612

Title DIRECTOR
Name PURVIS, CHUCK
Address 18400 VON KARMEN AVE
 SUITE 900
City-State-Zip: IRVINE CA 92612

Title DIRECTOR
Name MENDEZ, ERIN
Address 18400 VON KARMEN AVE
 SUITE 900
City-State-Zip: IRVINE CA 92612

Title VICE CHAIRMAN
Name SULTERMEIER, KEITH
Address 18400 VON KARMEN AVE
 SUITE 900
City-State-Zip: IRVINE CA 92612

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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: JIM LAFFOON**DIRECTOR, SECRETARY 01/31/2020
AND TREASURER**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title CHAIRMAN
Name MOGHADDAM, NADER
Address 18400 VON KARMEN AVE
SUITE 900
City-State-Zip: IRVINE CA 92612

Title CHIEF OPERATING OFFICER
Name CHILD, BOB
Address 18400 VON KARMEN AVE
SUITE 900
City-State-Zip: IRVINE CA 92612

Title CHIEF MARKETING OFFICER
Name HENDRICKS, BRIAN
Address 18400 VON KARMEN AVE
SUITE 900
City-State-Zip: IRVINE CA 92612

Title CHIEF PRODUCT OFFICER
Name HULL, ROGER
Address 18400 VON KARMEN AVE
SUITE 900
City-State-Zip: IRVINE CA 92612

Title DIRECTOR
Name NIELSEN, STERLING
Address 18400 VON KARMEN AVE
SUITE 900
City-State-Zip: IRVINE CA 92612

Title CHIEF FINANCIAL OFFICER
Name BHAGAT, NEETU
Address 18400 VON KARMEN AVE
SUITE 900
City-State-Zip: IRVINE CA 92612

Title CHIEF REVENUE OFFICER
Name DUPREE, PHIL
Address 18400 VON KARMEN AVE
SUITE 900
City-State-Zip: IRVINE CA 92612