

**2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F10000000181

**Entity Name:** QUALITY CUSTOM DISTRIBUTION SERVICES, INC.

**Current Principal Place of Business:**

18301 VON KARMAN AVE, #1100  
IRVINE, CA 92612

**Current Mailing Address:**

18301 VON KARMAN AVE, #1100  
IRVINE, CA 92612

**FEI Number:** 20-3289289

**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  
Name            WOLPERT, ROBERT  
Address        18301 VON KARMAN AVE, #1100  
City-State-Zip: IRVINE CA 92612

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

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

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

Title            D  
Name            SANDERSON, WILLIAM D  
Address        18301 VON KARMAN AVE, #1100  
City-State-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:** CATHERINE DUFFY

**AST CORP SECRETARY**

**01/02/2013**

Electronic Signature of Signing Officer/Director Detail

Date