

2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F13000004814

Entity Name: ALPHAEON CORPORATION**Current Principal Place of Business:**17901 VON KARMAN AVE.
SUITE 150
IRVINE, CA 92614**Current Mailing Address:**17901 VON KARMAN AVE.
SUITE 150
IRVINE, CA 92614 US**FEI Number:** 45-4777018**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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 DIRECTOR
Name GRANT, ROBERT E
Address 17901 VON KARMAN AVE.
SUITE 150
City-State-Zip: IRVINE CA 92614

Title DIRECTOR
Name MALIK, VIKRAM
Address 17901 VON KARMAN AVE.
SUITE 150
City-State-Zip: IRVINE CA 92614

Title DIRECTOR
Name BAKKER, JULIET
Address 17901 VON KARMAN AVE.
SUITE 150
City-State-Zip: IRVINE CA 92614

Title DIRECTOR
Name HAYMAN, ROBERT
Address 17901 VON KARMAN AVE.
SUITE 150
City-State-Zip: IRVINE CA 92614

Title DIRECTOR
Name BLANK, SIMONE
Address 17901 VON KARMAN AVE.
SUITE 150
City-State-Zip: IRVINE CA 92614

Title DIRECTOR
Name FISCHER, JOST
Address 17901 VON KARMAN AVE.
SUITE 150
City-State-Zip: IRVINE CA 92614

Title DIRECTOR
Name HAU, BOSUN
Address 17901 VON KARMAN AVE.
SUITE 150
City-State-Zip: IRVINE CA 92614

Title CEO
Name SIMHAMBHATLA, MURTHY
Address 17901 VON KARMAN AVE.
SUITE 150
City-State-Zip: IRVINE CA 92614

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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: KRISTOPHER GARCIA**CONTROLLER****01/17/2018**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	CONTROLLER
Name	GARCIA, KRISTOPHER
Address	17901 VON KARMAN AVE. SUITE 150
City-State-Zip:	IRVINE CA 92614