

**2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F16000004560

**Entity Name:** WYNNE SYSTEMS, INC.

**Current Principal Place of Business:**

2603 MAIN ST.  
SUITE 710  
IRVINE, CA 92614-4263

**Current Mailing Address:**

2603 MAIN ST.  
SUITE 710  
IRVINE, CA 92614-4263 US

**FEI Number:** NOT APPLICABLE

**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 SECRETARY  
Name CIMICATA, STEVE  
Address 2603 MAIN ST.  
SUITE 710  
City-State-Zip: IRVINE CA 92614-4263

Title TREASURER  
Name BEATTIE, BRIAN  
Address 2603 MAIN ST.  
SUITE 710  
City-State-Zip: IRVINE CA 92614-4263

Title CEO  
Name MILLER, MARK  
Address 2603 MAIN ST.  
SUITE 710  
City-State-Zip: IRVINE CA 92614-4263

Title DIRECTOR  
Name BEATTIE, BRIAN  
Address 2603 MAIN ST.  
SUITE 710  
City-State-Zip: IRVINE CA 92614-4263

Title DIRECTOR  
Name MILLER, MARK  
Address 2603 MAIN ST.  
SUITE 710  
City-State-Zip: IRVINE CA 92614-4263

Title VP  
Name BACCHUS, RICK  
Address 2603 MAIN ST.  
SUITE 710  
City-State-Zip: IRVINE CA 92614-4263

*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:** BRIAN BEATTIE

**TREASURER**

**04/09/2019**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date