

2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F18000000292

Entity Name: LINQUEST CORPORATION**Current Principal Place of Business:**5140 WEST GOLDLEAF CIRCLE
SUITE 400
LOS ANGELES, CA 90056**Current Mailing Address:**5140 WEST GOLDLEAF CIRCLE
SUITE 400
LOS ANGELES, CA 90056 US**FEI Number:** 57-1192153**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 DILLS, TIMOTHY
Address 5140 WEST GOLDLEAF CIRCLE
SUITE 400
City-State-Zip: LOS ANGELES CA 90056

Title DIRECTOR
Name STOWE, FRANCIS S.
Address 5140 WEST GOLDLEAF CIRCLE
SUITE 400
City-State-Zip: LOS ANGELES CA 90056

Title CEO / PRESIDENT
Name DILLS, TIMOTHY
Address 5140 WEST GOLDLEAF CIRCLE
SUITE 400
City-State-Zip: LOS ANGELES CA 90056

Title CFO
Name LYONS, MATTHEW C.
Address 5140 WEST GOLDLEAF CIRCLE
SUITE 400
City-State-Zip: LOS ANGELES CA 90056

Title DIRECTOR
Name LYONS, MATTHEW C.
Address 5140 WEST GOLDLEAF CIRCLE
SUITE 400
City-State-Zip: LOS ANGELES CA 90056

Title VP
Name BERES, CHRISTOPHER
Address 5140 WEST GOLDLEAF CIRCLE
SUITE 400
City-State-Zip: LOS ANGELES CA 90056

Title VP
Name DODD, JOSEPH
Address 5140 WEST GOLDLEAF CIRCLE
SUITE 400
City-State-Zip: LOS ANGELES CA 90056

Title SECRETARY
Name LYONS, MATTHEW C.
Address 5140 WEST GOLDLEAF CIRCLE
SUITE 400
City-State-Zip: LOS ANGELES CA 90056

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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: MATTHEW C. LYONS**CHIEF FINANCIAL
OFFICER****03/29/2019**_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title VP
Name TALTY, PATRICK
Address 5140 WEST GOLDLEAF CIRCLE
SUITE 400
City-State-Zip: LOS ANGELES CA 90056

Title VP
Name YOUNG, GREGORY
Address 5140 WEST GOLDLEAF CIRCLE
SUITE 400
City-State-Zip: LOS ANGELES CA 90056

Title VP
Name WILLIAMS, RICHARD
Address 5140 WEST GOLDLEAF CIRCLE
SUITE 400
City-State-Zip: LOS ANGELES CA 90056